Lectures
ON THE
CLINICAL USES OF ELECTRICITY.

Delivered in University College Hospital,

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LECTURE II.—PART I.

IV. Diagnostic uses of Electricity. (*A*) *Diagnosis of "spinal paralysis."* 1. *General propositions with regard to brain, spinal, and nerve diseases.* 2. *Meaning of term "electric irritability."* 3. *Modes of ascertaining degree of irritability.* (*B*) *Diagnosis of real from feigned disease.*

GENTLEMEN,—To-day I wish to direct your attention to (IV.) the *diagnostic* uses of electricity—i. e., the modes in which it may be employed in discriminating between some of those forms of nervous disease which, more or less closely, resemble one another.

(*A*) Perhaps the most general diagnostic use that can be made of electricity is this: to determine, in a case of paralysis, or loss of voluntary power in a muscle or group of muscles, the cause of that paralysis up to this point, whether it depends upon some condition which shuts off from that muscle the influence of the spinal cord, or whether it be some change which, although it may paralyse the muscle to the will, does not remove that muscle from the influence of the spinal cord. Sometimes it is of very great importance to be able to distinguish between those two conditions, and to recognise that one to which Dr. Marshall Hall applied the term "spinal paralysis." I must therefore occupy your time, for a few minutes, in explaining to you the exact sense in which Dr. Marshall Hall used that term. What he meant by it was, not necessarily disease of the spinal cord, but the separation of a muscle from that organ. It is clear enough that that separation may occur in two different ways; and, further, that disease of the spine may exist, and cause loss of voluntary power, and yet not produce what he termed "spinal paralysis." A muscle may be paralysed by something wrong in the tissue of the muscle itself; by something which cuts through the nerve that should connect it with the cord; by something which destroys that part of the cord from which the nerve arises; by something which destroys or cuts across the cord higher up than the origin of its nerve; or by something which damages the brain. Thus, then, there are five different lesions, or rather, localities of lesion, which may produce paralysis.

What Dr. Marshall Hall meant by "spinal paralysis" was the functional separation of a muscle from the cord. And here let me remind you that there is a condition which does not effect this separation, and yet which has sometimes been termed "spinal paralysis." If there be disease of the spinal cord above the origin of certain nerves which supply a group of muscles, there may be perfect paralysis of all those muscles, but there need not be any "spinal paralysis," in the sense in which Dr. M. Hall used that term. The paralysis is one depending upon disease of the spinal cord, but the particular nerves and muscles of which I am speaking may still maintain their normal relationship to a healthy portion of the cord, and the muscles under those circumstances still preserve their electric irritability.

There is, in this case, "cerebral paralysis"; the patient is deprived of the use of some of his muscles; the brain and the muscles are, so to speak, cut asunder; they are paralysed to his brain, but they are not paralysed so far as the spinal cord is concerned, though the lesion is in the cord itself. But if there be destructive change in the cord, at that particular locality from which the nerves of the supposed group of muscles are given off, the condition of those paralysed muscles is very different. Regarded merely in relation to the will, they present no difference—they are simply paralysed; but in the one case they are shut off only from the brain, in the other they lose all that was conferred on them by the spinal cord. Spinal disease exists in both instances, but it is to the latter only that Dr. M. Hall applied the term "spinal paralysis."

There is another way in which spinal paralysis may be brought about—viz., by the division of the nerve between the cord and the muscle, "traumatic paralysis," as it is sometimes called. By a neuroma, or other tumour, or by an accidental injury, a nerve may be damaged or cut through, and then the muscle stands, so far as its electric irritability is concerned, in the same position as in the case where the cord itself is destroyed at the point at which its nerves come off.

1. The most general principle that I can lay down for you in regard to electric irritability, used as a means of diagnosis, is this,—that when a muscle is separated from the influence of the cord, by destruction of its nerve, or by destructive disease of the cord at the origin of its nerve, it loses its electric irritability, it loses it quickly, and it loses it to all forms of electric irritation. The degree of loss or diminution may vary, but it varies directly in proportion to either the amount of interference between the cord and muscle, or to the degree of damage done to the cord itself. The clearest proof of the truth of this statement is to be derived from the fact, that of all the experiments made by Dr. Marshall Hall, and of all the conclusions he drew from them, whether the rest were right or wrong, this particular one has been regarded as correct by those who have the most carefully investigated the question.

(*a*) In brain disease *per se* there is no diminution in the contractility of the paralysed muscle to the electric current.

(*b*) In spinal disease, which is so situated that it does not destroy or damage certain nerve fibres which come off below the seat of lesion, and pass to certain muscles which may be paralysed, there is no necessary interference with the electric irritability.

(*c*) Spinal cord disease which damages a part of the cord diminishes the electric irritability of the muscles supplied by nerves coming from that portion.

(*d*) Section of a nerve which simply cuts the muscle off from the spinal cord produces a similar result.

2. Having said thus much about the aid which electricity may give to our diagnosis of the locality of a lesion, let me direct your attention to another matter, with regard to which I do not think there is always the clearest understanding. I refer to what one means by the terms "electric irritability," or "contractility," and "amount of electric irritability." Under this term two different things have often been confounded—viz., irritability and power, or readiness of contraction and force of contraction. For instance, take a person who has one of his arms paralysed, and place his feet in a dish in which there is some salt and water, and which is connected with the positive pole of a galvanic battery, and let the negative pole, at your pleasure, be connected with one or the other of two basins, into which he puts his hands. The current will thus pass up his legs and down one or the other of his arms. Then, as you apply the current to the right arm or the left, you can discover which of those limbs, right or left, will respond to the lowest power. Supposing you have a galvanic battery, and you apply the current from five cells, and this produces no effect on the paralysed limb, but a distinct flicker in the muscles of the non-paralysed limb, you may infer that the irritability is greater in the latter.

3. In that manner you test the true irritability of the muscle—you ascertain its readiness of response to a low power. If muscle A will act to a current of five cells, and muscle B will act only to a current of ten cells, then muscle A is more irritable than muscle B. If the muscles of the right arm will act to a current of lower power than those of the left arm, then the muscles of the right arm are more irritable than those of the left. You must remember the difference of strength between the direct and the inverse current; and in testing the irritability of the two arms respectively, be careful not to send the current up the one arm and down the other, and lose sight of that fact in your interpretation of the phenomena. You often find, when applying a strong current of electricity to two limbs, one of which is paralysed and the other healthy, that the muscles of the latter act much more vigorously than those of the former. You are not, however, to infer from such observation that the muscles so acting are more irritable. They are often less irritable than the others, but they are stronger, and when you put them into action they act more vigorously. In the one case you are testing irritability; in

the other you are testing power. To ascertain, then, the irritability of a muscle—i.e., to see how irritable it is—you must reduce the strength of the current you employ, whether faradic or galvanic, to the lowest point that will produce action. With a more powerful current, all that you will show is that one muscle is stronger than the other; for you lose sight of the finer differences of irritability in the obvious presence of the coarser differences of strength. If we take four or five cells of a galvanic battery, and apply the current, made and broken slowly, to a paralysed muscle, we often find that it will respond much more readily than will a healthy muscle, because it is more "irritable." But if we take thirty or forty cells, or a faradisation machine, we often find that the same healthy muscle will perhaps draw the hand out of the water, while the other (the paralysed muscle) will merely give a little jerk. The healthy muscle in this case, though less irritable, is more strong.

(*B*) Another diagnostic use of electricity is seen in the distinction between certain imaginary, fanciful, or feigned conditions of paralysis, and those which are real. You are not, as I told you in the first lecture, to infer that a person is shamming because you detect no difference between the muscles on one side and on the other, when the patient asserts that he is hemiplegic, and appears to be so. The great use of electricity in such cases is this: that if you do find a definite, well-marked difference between the muscles of the two sides, you are justified in inferring that there is something more than mere fancy; something that cannot be feigned. For instance, it has often been said that, in cases of railway accidents, persons "put on" all sorts of symptoms; and so they do. There is no doubt that many symptoms are deliberately put on. But there are other cases in which people frighten themselves, or are frightened, into believing that there is something much more grave the matter with them than the facts really warrant, and so an injured person often becomes powerless from ideal influence, when not paralysed by disease; and here electricity may be of service. I remember an important case in which a physician and a surgeon in attendance upon a gentleman who was supposed to be paralysed on one side, as the result of a railway injury—although they were his own medical advisers,—had grave doubts about the reality of the paralysis. They thought the patient put on or imagined a great deal, and that his paralytic state was more or less fancied, if not actually shammed. The persons on the side of the company said, unreservedly, that there was not a particle of truth in the apparent paralysis; that the patient was no more paralysed than they themselves were. And I must tell you that there were certain points about the case which led one to infer that the man was to a certain extent affecting some of his symptoms. Now here came in the electrical test. He could not move his right arm; he dragged his leg after him; he could not pronate or supinate his hand. Some said he could if he liked; but I would defy him to do what I am going to tell you. To his left arm I applied a strong faradisation, which knocked his arm round with an amount of pain that made him use strong language, which I need not repeat. I then applied it to the paralysed arm, passing the current through the pronators. There was not the slightest movement. Now, I do not mean to say that a very strong man might not, by a very strong effort, have kept his hand still; but I am quite sure he could not have prevented from acting the muscle that was between the two poles of the battery, any more than he could prevent his pupils from contracting upon exposure to light. I used the same current once or twice, and put it on considerably stronger; but there was only the smallest flicker of contraction in the muscles on that side. So with the leg. I applied it to the healthy leg, drew the foot up, and brought forth more exclamations; to the other leg, and the muscles remained perfectly flaccid, without the smallest contraction. Whatever may have been the doubts in that case as to what the man might have put on, I think we may take it for granted that he could not have put on that; for no man could resist, by a simple effort of the will, the action of a muscle to such a current as this. The difference between the irritability of the muscles on the one side and on the other was most striking. I never saw a more marked case. The difference which it made to the man was something very material in the matter of compensation. So you see that electricity may be sometimes used for diagnostic purposes with advantage to the patient as well as to the physician.

CASE OF SNAKE (COBRA) BITE SUCCESSFULLY TREATED BY SUCTION, LIQUOR POTASSÆ, AND BRANDY.

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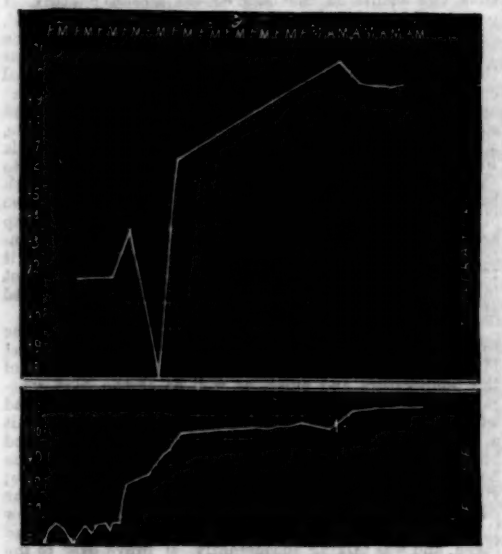
A NATIVE named Goorooven, who was in the habit of bringing me snakes (cobras), came on the 8th of January, 1870, and presented himself at my house, accompanied by a friend of his, who brought a fresh vigorous cobra, over five feet in length, in a small covered earthen chatty, at 12 A.M. Goorooven's friend was asked to show the cobra, which he did; and, on examining and finding that the fangs were intact, I directed him to put up the snake again and went into the house. In a few minutes my peon came into the verandah and said, "He is bitten." I ran out, and the peon pointed to Goorooven, who stood on the steps of the house, with his hands hanging down, while the index finger of the left hand was extended, with blood flowing from two points on the back of the second phalanx. I pulled off the eye-glass from my neck to save time, and, cutting the cord to which it was attached, tied one portion around the base of the wounded finger, and another across the wrist. With the penknife from my pocket I opened out the punctures to the extent of a quarter of an inch; applied my mouth to each of the wounds in succession, and sucked vigorously several mouthfuls of blood; meanwhile, a basin of cold water having been brought, the wounds were well washed, and had liquor potassæ applied freely to each. I next gave the patient three ounces of brandy, with half a drachm of liquor potassæ; and then applied two other ligatures, one above the elbow, and the other high up around the arm, as tight as possible, so as to stop the circulation in the part; and on looking at my watch I found it 12.25 noon. I ordered my carriage, and, placing the patient in it, drove off to the General Hospital, where we arrived at 12.40 noon.

Dr. Thomas soon arrived, and very kindly allowed me to suggest the treatment to be pursued. At my request Mr. Allen, the apothecary on duty, took careful notes of the temperature and pulse, as well as of the case generally, from time to time, which I am sure will be read with interest by the profession generally. I also submit a diagram, showing the rise and fall of the pulse and temperature, drawn up by Mr. Allen. I remained at the hospital five hours (till 5.30 P.M.), and then went home; visited the patient again at 8.30 P.M., and left him to the care of Mr. Allen at 9.30 P.M. The patient was now thoroughly drunk from the effects of the brandy he had taken, and was talking incoherently. I drove over to the General Hospital the next morning, and was happy to find the patient quite well, walking up and down the verandah; but the hand and forearm were swollen. The case was now transferred to Mr. Cockerill, the officiating surgeon of the General Hospital, according to the usual custom at that institution.

The following is the report by Mr. Allen:—"Goorooven, aged thirty, caste Jogee, occupation snake-catcher, temperament sanguine, was admitted into hospital on the 8th of January, 1870, at 12.40 P.M., reported to have been bitten severely by a cobra in the house of Dr. Shortt, while in the act of securing the snake in a vessel. The bite was very shortly after incised, and sucked out; and ligatures were applied very tightly round the axilla, wrist, and first phalanx of the index-finger of the left hand. The man was bitten on the back of the second phalanx of the left index-finger. After admission, a screw tourniquet was applied about the insertion of the deltoid muscle, two large veins on the dorsum of the left hand were opened, and his hands placed in a basin of water, containing two drachms of the liquor potassæ to a gallon of water. At 2 P.M. his pulse was 60 per minute. Ordered brandy, one ounce; liquor potassæ, half a drachm; water, one ounce. To have the hand immersed in warm water, containing half an ounce of liquor potassæ to a gallon.—2.15 P.M.: Pulse 64. Continue brandy with liquor potassæ.—2.30 P.M.: Pulse 66. Continue the brandy, &c.—2.45 P.M.: Pulse 64. Brandy, an

ounce and a half; liquor potassæ, half a drachm; water, one ounce.—3 P.M.: Pulse 60. Brandy, two ounces; liquor potassæ, half a drachm; water, one ounce.—3.15 P.M.: Pulse 62. *Nil.*—3.30 P.M.: Is now under the influence of alcohol. The ligature round the axilla removed; much pain complained of; pupils normal; pulse 65; temperature 92°. Chloroform to be rubbed into the painful part, and to have brandy, half an ounce; liquor potassæ, fifteen minims; water, one ounce.—3.45 P.M.: Pulse 63; in other respects the same. Continue the brandy with liquor potassæ.—4 P.M.: Pulse 66; temperature 88°; pupils normal. Is still under the influence of alcohol. Pain still complained of, very much in the arm. To continue the chloroform friction, and brandy with liquor potassæ.—4.15 P.M.: Pain a little relieved; pulse 66; respiration 30. Repeat the brandy, with liquor potassæ.—4.30 P.M.: Temperature 88°; pulse 64; pupils normal. Is inclined to sleep; but is kept awake by the pain in the arm, which he says is intense, and begs that the tourniquet be removed. Veins bleeding freely. Chloroform friction, and to continue the brandy, with liquor potassæ.—4.45 P.M.: Pulse 66; respiration 26; pupils dilated, and rather sluggish. Pain a little relieved. Still under the influence of alcohol. Continue brandy, with liquor potassæ.—5 P.M.: No change; tourniquet removed. To



have brandy, with liquor potassæ, every half hour, and ordered to be kept steadily under the influence of alcohol. Bleeding arrested by pads of lint and bandage; hand to be immersed in cold water, containing one ounce of liquor potassæ to a gallon of water.—5.15 P.M.: Pulse 84; respiration 20; temperature 90°; pupils dilated and rather sluggish. To have half an ounce of brandy, and fifteen minims of liquor potassæ in an ounce of water; to be repeated if required.—6.15 P.M.: Pulse 86, full and bounding; respiration 24; temperature 88° in the axilla of affected hand; of unaffected axilla, 94½°; pupils normal; remains drowsy and noisy.—7.15 P.M.: Pulse 108; temperature 97° in axilla of unaffected side, and 94° in axilla of affected side; complains of great pain in the bitten hand. No bleeding except from the bite.—8 P.M.: Bleeding arrested by a small pad and bandage; had a pint of congee (arrowroot); is quieter.—9 P.M.: Complains of great pain. To have an ounce of brandy, and fifteen minims of liquor potassæ in an ounce of water; also chloroform friction.—10 P.M.: Appears to be in great agony, grinding his teeth and stamping his feet on the ground, and on this account I am unable to take the temperature of his body; pulse 104; pupils dilated and sluggish; chloroform friction.—12 P.M.: Patient is quieter, does not complain of pain; passed urine, for the first time after admission, at 11.30 P.M.; temperature in right axilla, 99°; in left, 100°; pulse 108; pupils less dilated, and not so sluggish; half a pint of soogee congee every two hours.—1 A.M.: Patient does not look drowsy; pupils normal; pulse 108; temperature of left axilla, 101°; of right, 100°; voided urine.—2 A.M.: Pulse 112; temperature of left axilla, 100°; of right, 101½°.—4 A.M.: Pulse 112; temperature of left axilla, 100°; of right, 98½°; pupils normal; complains of pain in the bitten hand, and begs that the bandage be removed."

Case made over to Mr. Cockerill at 8 A.M.

9th.—The patient only remained twenty-four hours in hospital under the care of Mr. Cockerill, and took the liquor potassæ in ten-minim doses, with 1 oz. of brandy every four hours. He took in all 1 oz. of liquor potassæ and 6 oz. of brandy. The bandages were removed, and lead lotion was applied to the hand.

10th.—The patient, having left the General Hospital at his own request, presented himself at my house at 9 A.M. Forearm and hand swollen, some three or four small blisters about the size of a sixpenny bit on the back of the hand; wound looking sloughy. Recommended to immerse his hand frequently during the day in warm water, and to support it in a sling.

11th.—Much the same as regards the swelling of the forearm, but the patient feels in other respects quite well. Brandy 1 oz.; water dressing to wound.

13th.—Did not put in an appearance yesterday, but came this morning. Swelling of forearm and hand subsiding. The two last phalanges of the index finger have mortified, and the part is looking black and shrivelled. Is otherwise quite well.

15th.—Is quite well; swelling of forearm completely subsided, a little remaining on the back of the hand. The last two joints of the index finger are quite shrivelled and black, and a separation of the dead from the living tissues begins to show at the top of the third joint. Recommended to have the dead joints removed, to which the patient consents. This will be effected in a day or two.

Remarks.—I feel diffident to talk of myself; but, in the cause of science and truth, I must suppress my own feelings and relate facts. The blood I sucked out of the wound had a very peculiar taste, and although this attracted my attention at the time, I was in too great a state of excitement to remember what the taste was like. I felt nothing strange till about a couple of hours after the accident occurred, when I began to feel a tightness across the gums and roof of the mouth, in the space between the two incisors. This was followed by a sharp stinging pain of a peculiar burning character. I was somewhat restless and uneasy, and shortly after began to feel languid and faint; when, for the first time, it struck me that I might have imbibed some of the poison into my system. I became alarmed and anxious about myself, and lay down on one of the hospital cots, next the patient, for a few minutes; and, on telling Dr. Thomas that I was not feeling well, he kindly suggested that I should take some brandy-and-water, which I did, and felt somewhat better after it; while the pain and uncomfortable feeling in the roof of my mouth still continued, and my bowels where inclined to act. I did not give in to the feeling, but resisted it altogether. At 3 P.M., the uncomfortable feeling extended, not only to the roof of the mouth, but to the same extent in front of the incisor teeth, to the gums under the upper lip. I had lost my appetite for dinner in the evening, and on retiring to bed as usual, I slept soundly that night; but about 4 o'clock next morning, I was awakened by an acute burning pain in the roof of the mouth, which continued for a couple of hours and then left, leaving behind a soreness, not only at the roof of the mouth, but extending to the tongue, to the extent of an inch from the tip. This feeling became more acute on attempting to take my usual cup of tea, nor could I taste any curry or other dish prepared with condiments which did not give me instant pain.

10th.—The roof of my mouth and tongue are very sore and tender this morning. In other respects I feel quite well.

15th.—The roof of my mouth, gums, and tongue are still tender. I believe that the sucking out of the poison from the wound was the main cause of saving the man's life, yet at least five minutes, if not more, must have elapsed between the time the man was bitten and the suction of the wound, and there must have been ample time for some of the poison to have entered the system. The cobra was fresh and vigorous, over 5 ft. in length, and captured only that morning, and the effect produced on my mouth was

the best evidence that ample poison was injected into the wound. I believe that the subsequent potash treatment, both internally and externally, on which I solely depended in this case, had its action expedited by the stimulant effect of the brandy, and aided materially in perfecting the cure. The objects I had in view were—1st, to remove, if not all, as much of the poison from the wound as was possible by suction; 2nd, to arrest the poison being carried into the system by the application of the several ligatures along the hand and arm; 3rd, to destroy any portion of the poison that may have been left in the wound by the free application of the liquor potassæ. 4th. The liquor potassæ was given freely internally with the view of saturating the blood, so as to render it thoroughly alkaline, that any poison found in it might be decomposed.* 5th. At the hospital the screw tourniquet was applied, to supersede the other ligatures, as being likely to cause less pain than that produced by cords. The tourniquet was maintained for four hours continuously; and, fearing that mortification would ensue if continued longer, if was then removed. After the application of the tourniquet, two of the largest veins on the back of the hand were opened with a lancet, and emptied of their contents, with the view of relieving the vessels of any poisoned blood that they may have contained; and the hand up to the elbow was immersed in warm water, containing from one to eight drachms of the liquor potassæ to the gallon, for about four hours, to encourage bleeding, and substituted for cold water, containing the same quantity of the liquor potassæ, for the next four hours; and, as the veins continued to bleed more freely than was intended, the bleeding was arrested by pads and bandages. The potash bath to the arm was continued for eight hours in all, with the hope that some portion of the potash might be absorbed through the skin, and destroy any poison that might have been taken up between the wound and ligatures.

I would here observe, that sucking a poisoned wound, and especially that occasioned by a cobra, where the venom is so very powerful and energetic, will always be attended with risk to the operator, and most probably imperil two lives instead of one. Under these circumstances, to obviate the risk as much as possible, I would suggest that, in those cases where it is feasible, the patient himself should be urged to suck out the poison from the wound, so as to reduce and confine the peril to the individual who had the misfortune to be bitten.

I hope on a future occasion to detail a mode of treatment to be pursued in all such cases. Of course, there is nothing new in the sucking of a poisoned wound; this is well known to medical men generally. I only claim the fact of having brought it practically into successful play. But the potash treatment is original, and my own, based on numerous actual experiments, carried out from time to time at much expense, trouble, and risk.

The accident is said to have occurred thus:—After I had examined the snake, Goorooven seized it and thrust it, tail foremost, into the earthen chatty in which it was brought, and having placed the whole of the snake bodily into the vessel, he held its head with the thumb and forefinger of the left hand, and holding the cocoa-nut shell ready to shut the mouth of the chatty with his right hand. In letting go the head of the snake, he appears not to have been sufficiently quick with the shell in covering up the chatty, and just as he let it go, the snake, which was in an excited state, flew at and seized the back of his index finger. The bite was severe, and but the work of a moment. The man himself became greatly alarmed, and, being alive to the results of such accidents, alluded, in desponding terms, to his wife and children. I had much to do in allaying his fears and cheering him with hopes of recovery.

These men, as a class, are a very rude set, and are fully aware of such dangers, but from habit they soon grow reckless. In fact, I often wonder that accidents of the kind do not occur more frequently; and that they do occur is certain, though nothing is known of such occurrences, as the people live in the outskirts of the town or village, in small, scattered communities, consisting of a dozen huts at most, and, from erratic habits, are constantly changing their abodes from place to place, so as to render little or nothing known regarding them.

I believe this is the first authenticated instance in which a man, fairly bitten by a fresh, vigorous cobra, recovered by rational treatment. It is a source of pleasure and thankfulness to me that I have been the humble instrument in saving this poor fellow's life, though it was at the risk of my own; and in the saving of the life of this single individual I feel that I have been amply rewarded for the trouble, risk, and expense I have been put to, in the several experiments which I have been conducting from time to time since 1866.

Madras, 15th January, 1870.

* Vide THE LANCET, May 2nd, 1868, p. 557, and May 16th, p. 615.

THE BOUGIE À BOULE AND THE BOUGIE OLIVAIRE.

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As no history or description of the Bougie à Boule, or of the Bougie Olivaire, has appeared in THE LANCET, a few words regarding these invaluable instruments may, perhaps, not prove uninteresting.

The bougie à boule was invented by Sir Charles Bell, by him called "ball bougie" and "urethra probe," and was made of metal. Fig. A is taken from Plate 3 in his work entitled "A Treatise on Diseases of the Urethra, &c." Leroy d'Etiolles modified Sir Charles Bell's ball-staff by making it of an elastic material, which was a great improvement, as it permitted the bougie to adapt itself to the windings of a tortuous and deformed urethra. Fig. B represents the bougie à boule of Leroy d'Etiolles as now used in Paris, and is taken from one that I purchased at Lasèrre's, in the Avenue Victoria. About a dozen years ago a further modication and improvement was made in the bougie à boule by Dr. Henry Dick, who had the head of the bougie made conical, with a sharp base. Fig. C is a drawing taken from one of Dr. Dick's bougies, as made by Ernst some years ago. This bougie, with a graduated stem, is by far the most valuable, and is the one which will be found most useful in practice. It must not be forgotten that the bougie à boule is simply an instrument for the diagnosis of incipient strictures, and enables us to ascertain the exact pathological condition of the canal, for, *on withdrawal*, it will detect the slightest contraction, induration, or inelasticity of the mucous membrane.

As I was unable to make out the exact history of the bougie olivaire (Fig. D), I wrote to M. Auguste Mercier, who has kindly supplied me with the requisite information in the following extract from his letter: "Mais ces bougies ressemblent tout à fait, pour la forme, aux bougies odaliques de Lioutt, qui les a inventées au commencement du siècle." I had sent M. Mercier an illustration of two instruments which I cut out of Messrs. Maw's catalogue. The subjoined description of olivary bougies is by Desormeaux ("Dict. de Méd. et de Chir. Prat.," t. v., p. 437):—

"BOUGIES OLIVAIRES. — Ce sont des bougies coniques, dont la point est remplacée par un renflement en olive. Elles ont l'avantage de ne pas s'engager aussi facilement que les précédentes dans les plis et les orifices de la muqueuse urethrale, et d'exposer beaucoup moins aux fausses routes, &c."

The bougie olivaire is now making rapid way in this country, and of the treatment of stricture by it and its slender sister, the filiform bougie, that can be said which I believe cannot be affirmed of any other method—that it is applicable to all cases of stricture, and is devoid of funereal associations. The treatment of stricture by the bougie olivaire is therefore *the* treatment, and all other methods

merely auxiliaries. The olive head of the bougie, in the annexed woodcut (Fig. D) has been purposely much exaggerated in size in order to show how the instrument was constructed—by placing an olive-shaped head on a conical bougie.

For my knowledge of the bougie à boule I am indebted to Dr. Henry Dick, whilst I became accidentally acquainted with the bougie olivaire at Lassèrre's. About five years ago I introduced these instruments into hospital practice, and brought them before the notice of several medical societies. For further information on the subject, I would refer to an article by me, "On the Diagnosis and Treatment of Stricture of the Urethra in its Early Stage," in the *Brit. and For. Med.-Chir. Rev.* for July, 1867, p. 232.

Portman-square, April, 1870.

NOTES ON "LOCOMOTOR ATAXY," OR TABES DORSALIS.

BY W. MOXON, M.D., F.R.C.P.,
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IT will be a great pity if the disposition now shown to regard spinal diseases from a clinical point of view is allowed to pass out of fashion before all cases of cord disease are brought into clinical method. The state of our present knowledge of diseases of the cord is bewildering and disconcerting in the extreme. Surely one is right in saying this when one views the latest phase of the subject as shown in the contributions to Dr. Reynolds's "System of Medicine." The list which the able author of the contribution on Spinal Diseases gives is this:—

Meningitis.	Non-inflammatory Softening.
Myelitis.	Induration.
Congestion.	Atrophy and Hypertrophy.
Tetanus.	Tumour, &c.
Irritation.	Concussion.
General Spinal Paralysis.	Compression.
Hysterical Paraplegia.	Caries of Vertebræ.
Reflex Paraplegia.	Spina Bifida.
Infantile Paralysis.	Epidemic Cerebro-spinal Meningitis.
Hæmorrhage.	

Elsewhere Locomotor Ataxy is given among general nervous diseases (although it seems surely as limited as epidemic cerebro-spinal meningitis, which is given among local diseases). This list is plainly a comparison of incompatibles, and hence it is confusion. The several diseases are not diseases in the same import and meaning of the thing *disease*. Some of them—viz., general spinal paralysis, hysterical and reflex paraplegia, infantile paralysis, as well as irritation, tetanus, and locomotor ataxy—are groups of symptoms; I mean that they are characterised and recognised by the phenomena of the case as clinically observed. Others—such as hæmorrhage, softening, induration, meningitis, myelitis, tumour, concussion and compression—are not groups of symptoms, but are features of morbid anatomy.

I believe we cannot too clearly perceive, nor too urgently endeavour to rectify, the ill result which this confusion of incompatibles raises to cloud our clinical labours. The list should offer us *good alternatives*—such that we can, in the cases we have to name and treat, go from the one alternative to another comparable alternative, until we arrive at that which our case most corresponds to. But how is one to settle whether a case is chronic myelitis or general spinal paralysis or induration? We see that the physician who instructs us puts these three in separate places as practically distinct; and yet we know that chronic myelitis will cause induration, and that induration will cause general spinal paralysis; so that induration and myelitis appear to be stages in the development of the sequences in any case of general spinal paralysis. And thus, with a case before us where a paralysis is general and spinal, we are confused, and not helped, when we should be assisted in our desire to view our case in harmony with the medical knowledge of our time.

Surely there is no need for this confusion. We can see by this time that the anatomical method is not only very incomplete in the dead subject, but is certainly utterly and hopelessly inapplicable in the living. Have we not been assuming too readily that the anatomical changes which occur in diseases are the best criteria of their nature? So that our belief is set upon machinery, and tends to withdraw our study from processes which form and govern the machinery.

The way out of this confusion is plain, if not easy. The anatomical diseases of the type of tumour, meningitis, &c., which are known by their post-mortem features, *have* also their clinical features; and these will fairly compare with the clinical diseases of the type of general spinal paralysis. These clinical features of anatomical diseases will surely be found to fall into such groups, under careful observation, that a practitioner may, when he meets any instance, learn the general experience on that group of symptoms; and so obtain an advantage which the *phenomenal criteria* of the disease give him in cases of general spinal and such-like paralysis, but which he can never have while he is left to guess his way to *anatomical criteria*—such as induration, softening, tubercle, or tumour.

It is altogether false to suppose, in the different examples of myelitis which we may meet with, that the inflammation that is common to them all serves for any practically useful tie of union between them. There are two sides to the practical importance of inflammation: first, the diagnostic; and, second, the therapeutic. But no one nowadays combats inflammation in his treatment of his cases—unless he knows no better; so that inflammation has lost its therapeutic importance; and as to its diagnostic importance, inflammation has to be analysed up by its variety of causes. At the bedside the one thing, inflammation, must be *realised* as of different essential natures, in the same way as by our several senses the one thing, motion, is realised—as light, sound, or touch; and as motion, which is dominant in coarse mechanical purposes, is lost out of sight in the special things—sound, light, &c.,—so inflammation, which is dominant in abscess-formation and other surgical affairs, is lost out of sight in rheumatic, syphilitic, and other diseases, even when they are attended with inflammatory phenomena—as sound is with motion. If this is true, then no useful end can be served by identifying cases of meningitis, myelitis, &c., merely as inflammations of the cord or meninges, even if we could recognise these states with certainty; and as in reality such changes are not recognised with certainty, I do not see what reason there is that should induce us still to put in chief place the fact of myelitis, even where myelitis presumably exists. If the inflammation, when recognised, pointed out a certain line of practice, then there would be at least a strong motive for endeavouring to ascertain it clinically; or if the fact of the inflammation was so sure as to enable us to fix our knowledge of the case by it, then it would be desirable to keep that fact well in view, even if it did not help our treatment. But whereas we neither can certainly find out nor localise the inflammation, nor, if we could, should we be any better able to treat our case, there surely is no reason why the endeavour to set our mutual recognition of cases, in total disregard of the inflammation, should not be made. I mean to say that the regulation of our views of cases of spinal disease, by the symptoms they show, would cause us no loss of any useful criteria in this class of diseases; for the most part the chief groups of them would remain unaltered, while we should obtain the great advantage of being able to proceed from the consideration of one alternative to that of another in determining individual cases by the certain method of recognising the symptoms of the case in point, and directly identifying them with agreed groups of symptoms.

I think we need not doubt that all cases of spinal disease, when so studied, would resolve themselves into classes, or at least follow certain types. What Duchenne has developed in the cases of glosso-laryngeal paralysis, general spinal paralysis, locomotor ataxy, &c., would prove more generally true; and it would be seen that kinds of disease hitherto unrecognised are to be distinguished by their clinical history and features when anatomy fails to indicate their distinctness.

These remarks are suggested by the consideration of four cases of spinal disease at present under my care in Stephen ward, Guy's Hospital. These cases correspond more to the type of locomotor ataxia than to any other disease. But yet three of them depart so much from the

usual descriptions of that disease, that a comparison will, I hope, serve to throw some light on the obscurer examples and phases of it, and at the same time illustrate its relations to other types of spinal disease. Such light is very necessary; for there is scarcely any disease that is more variable in its forms, and none that is more often unrecognised. I will shortly state the symptoms of each case.

No. 6 Bed.
1. Ataxia.
2. Characteristic pains.
3. Tightness around the body.
4. Contracted pupils.
5. Imperfect bladder.
6. Numbness, without anæsthesia.

No. 13 Bed.
1. Stiff gait, without ataxia.
2. Weakness.
3. Internal squint.
4. Imperfect bladder.

No. 18 Bed.
1. Extreme weakness.
2. Characteristic pains.
3. Contracted pupils.
4. Imperfect bladder.
5. Numbness, without anæsthesia.

No. 24 Bed.
1. Peculiar gait, not ataxic.
2. Former double vision.
3. Inability to stand with eyes closed.
4. Flushed face.

The case No. 6 is a very good example of the disease in its typical form; the chief remarkable feature in his case being the severe pain which he suffers in the form of constriction around the body, with sense of lacerations, "as if someone were tearing the flesh from the bones." The "ataxic" movements in walking are quite characteristic. The jerky motion of the limbs, and the sudden bringing down of the heel, with the excited, unsteady gait, make his appearance just what one would choose to show as a typical case. But I believe that, notwithstanding that so much has been written on this ataxic gait, a very simple misapprehension is allowed to prevail. Thus the learned and able author of the contribution on this subject in Dr. Reynolds's "System of Medicine" describes and infers that ataxia consists of a want of co-ordination of the alternating movements of the legs in walking, as if the legs do not harmonise in locomotion. This is surely a misapprehension. The man No. 6 keeps perfect time with his legs in walking; he would do for a drum-major as far as the regularity of his *pace* goes. The unsteadiness does not concern the relative movements of the two limbs, but the proper movements of each limb. The ataxic gait is produced not by loss of alternation; no ataxic makes two steps with one leg for one of the other; it is produced by spasmodic disturbance of the movement of the individual limb.

In No. 13 there is no ataxic gait at all. The man lugs his legs after him as if he were wading through glue or tangled weeds, with a sort of stiff-resisted effort. Further, he has great loss of power in them, so that his force in extension at the knee is very feeble. His skin is perfectly sensitive, and he stands well with his eyes shut. It will be asked, Why then is the case allied with ataxia at all? There is this reply, which I think decisive: he has twice had an attack of squinting, the first eighteen months ago, and the second quite recently; it was for this he was admitted; both these attacks passed off after some weeks. It is worth notice that this man dates his illness from exposure of his back to the sun as he lay face downward asleep during one of the hot days of summer in 1868. This confirms the statement made by some Indian surgeons, that ataxia sometimes follows sunstroke. The man's account is that he was quite well when he lay down, and yet when he got up he could scarcely walk home for stiffness, which has continued more or less ever since. This case proves these important propositions: (1) that "locomotor ataxia" is sometimes paralytic, and (2) that it may be present without any ataxia. I say proves them, on the assumption that the associated eye-disturbance will be accepted as evidence that the case is of the same general nature as the so-called ataxia whose best claim to recognition is the curious association of it with eye-disturbance.

In No. 24, the peculiarity is, that the affection of locomotive power forms almost the only describable morbid feature of the man's case. I say describable, because there is a certain aspect which he has that suggests the disease. His face is congested, and his pupils contracted, and he has a tottery look, which makes him appear half intoxicated. This congestion of the face is not usually described as a character of ataxia; yet it is *nearly constant*, and has this interesting suggestion, that alcoholic drunkenness, which causes temporary ataxia, brings with it the same flushed face and contracted pupil, so that the two states, ataxia and drunkenness, so far seem founded in derangement of the same apparatus. The man's gait, however, is not properly ataxic; it is quite peculiar. When going to start awalking he stands a minute holding to his bed for steadiness, and looks carefully along the ground at the bed he means to make for. Then he cautiously leaves go, and hurriedly, but with pretty even movement, walks to the other bed very much as if on ice, and evidently with all his attention absorbed in the performance. If he shuts his eyes, he staggers, and falls at once; yet he feels the position of his limbs, and has no other symptom whatever, except costiveness.

Case No. 18 is the more doubtful one, and I believe opinions would probably differ as to its true nature. These symptoms ally the case to ataxia. 1. The long course of the case; he has been two years ill, and his illness is steadily progressive. 2. The characteristic lancinating, recurrent, and intermittent paroxysmal pains. 3. The form of anæsthesia, which is such that he is quite acutely sensitive to contact with a single human hair even, yet he cannot tell sometimes whether it is flannel or cotton that he is handling, and he has a subjective feeling of numbness. 4. He has closely contracted pupils. 5. When standing, which he is just able to do with support on either side, if he shuts his eyes he at once sinks down. These conditions render his case more like ataxia than any other disease, yet there is no ataxy in movement, whereas, on the other hand, there is great muscular weakness.

Regarding these cases as a group, only one (No. 6) responds to the full clinical description of ataxia. In respect to this case we might say, as Dr. Radcliffe does, after enumerating in full the characters of the disease, that any case which presents all those features may be safely pronounced to be a case of locomotor ataxy. But my impression is that our difficulty does not lie in recognising these typical examples, but rather in detecting such cases as are anomalous, while yet they belong essentially to the class. In them we have so much difficulty and uncertainty, that the collection of anomalous cases is much to be desired. For the early recognition of ataxia is of great importance, seeing that all experience shows a certain future which it is important to be able to anticipate, and, again, because whatever medicine can do for the disease has yet to be done, and must be done early; for, as morbid anatomy shows, the further progress of the disease leads to irreparable destruction of the affected parts of the spinal cord.

I believe that if the aberrant cases allied to locomotor ataxia were collated and examined, the descriptions which have been given of this interesting disease would be found too rigid and exclusive. Many cases are from first to last very different from the standard which the described symptoms set up. Such cases are generally, I think, misunderstood; and the misunderstanding is favoured, if not entirely caused, by this unfortunate fact, that if, in considering the symptoms of a case, we find it not to have the more distinctive features of ataxia, then we are obliged to let go its symptomatic side, and consider whether it is meningitis, or myelitis, or tumour. But the question between ataxia and meningitis is not a clear alternative; for ataxia, in its anatomic side, is a chronic meningitis ("septomeningitis"), and chronic meningitis in its clinical side may give groups of symptoms of ataxia.

What is needed is that meningitis should have a symptomatic identity given to it. The study of cases at present anomalous gives us the best means to such an end. The case No. 18 I view as one of ataxia. If anyone holds that it is chronic meningitis, then it is well to see how little may be the difference between us, and how to reduce that difference. Clinically, any chronic meningitis may be a sort of ataxia. If we knew all chronic meningitis cases, would not they form groups directly comparable with ataxia? If we could detect the whole of the symptoms of cord inflammations, would not these prove as different as the different inflammations of the skin?—would not "meningitis" be as little used as "dermatitis"; while the several cases showed us varieties as strong as lepra, herpes, erythema, eczema? Is it only the skin that has these different natures of inflammations? Surely in the cord, and indeed in all organs, these varied and specified sorts of action occur as much as on the skin; but while we see only inflammation they are

all equal. If we could obtain their distinctive characters, we could then recognise them, and might then perhaps reach in their treatment a success equal to that obtained in the management of cutaneous disease. How little would be done for skin diseases if they were all treated as dermatitis. Surely in those cases of cord disease in which we now only see meningitis, the inflammation has as much plan and pattern as herpes or lepra has; and these plans would be recognised by sufficiently close and extensive observation.

Finsbury-circus, February, 1870.

THE INFLUENCE OF ATHLETIC SPORTS ON HEALTH.

BY ROBERT FARQUHARSON, M.D.,
MEDICAL OFFICER TO RUGBY SCHOOL; LATE ASST.-SURGEON COLDSTREAM GUARDS.

(*Concluded from page* 515.)

LET me now speak of athletic sports a little more in detail. And rowing certainly merits the first place, both from its intrinsic attraction and from the attention which has always been bestowed upon it by medical men.

A few years ago Mr. Skey startled London by a letter in *The Times*, giving a most unfavourable experience, and stating the insidious and cumulative effect which he thus believes to be produced on the heart; and Dr. Richardson, in the paper formerly alluded to, is not far behind in his condemnation. But, with all deference to these eminent authorities, I cannot help thinking that they have overstated their case. Such exertions as they have so graphically described would be, and no doubt often are, injurious when rashly undertaken by persons of feeble frame; but we must remember that the length of an ordinary College race does not exceed a mile and a half, that rowing is seldom carried to any extent without medical permission, and that the perils of the great Putney course are much mitigated by the fact that the captains of the respective boats are bound, not only to select their crew with the most jealous care, but to eliminate at once any one who shows signs of a breaking down during training. I have frequently spoken to university men on the subject, and they have usually been unable to recall any very palpable cases among their personal friends of serious effects thus produced. I am myself acquainted with several university oars who have borne their part in these great struggles without damage; and there are several well-known instances of the doubling of this with the blue ribbon of Cambridge distinction, the position of senior classic. Dr. Fraser, of Edinburgh, has published in the "Journal of Anatomy and Physiology" a series of sphygmographic tracings taken on boats' crews immediately after their most violent efforts, and was unable to detect by the most careful observation any indication of an injurious amount of cardiac excitement. I think therefore we may fairly assume that the fact of indulging in even severe boating exercise does not lead to the inevitably serious results sometimes described.

Gymnastics, while they have the disadvantage of being conducted under cover, are valuable to many, as supplying their only possible form of actual sport; but after the frame is fully knit they must be employed with caution. About the time they were first introduced into the army I saw several cases of dilatation and great irritability of the heart's action caused by their incautious use among the recruits of the Coldstream Guards.

Running has always struck me as a doubtful form of athletics, from the great amount of strain thrown upon the circulating system. I have never observed any specially evil results, but have often seen the distressing amount of faintness and dyspnœa experienced by lads after such efforts. Pedestrians are neither a healthy nor a long-lived race, and the recent death, from aneurism, of Richard Manks, England's greatest hero in this department, has a significant bearing on this point.

Cricket is a harmless game, but subject, of course, to accidents, like all others. I have seen one case of sharp concussion of the brain produced by the forcible meeting of two heads whose owners were running at the same ball; and another in which marked cardiac symptoms, indicated by faintness, dyspnœa, irregularity of the heart's action and a distinct bruit at the base, were the result of violent exertion in hot weather. That these symptoms were merely due to relaxation of the muscular fibre, causing a species of temporary dilatation, was proved by the entire recovery of the patient under rest and tonic treatment.

And now we come to football, the most important in some respects of all; for while other games are played on one uniform system, this changes its rules in almost every great school. My experience is solely derived from Rugby, where I have had the opportunity of carefully watching its effects during two seasons, and of treating the accidents which have occurred. I may explain that the system there pursued is for anyone to pick up the ball and run with it if possible into goal, the object of his adversaries naturally being to trip him up, or arrest his progress by any possible means. In former years much kicking, or "hacking," as it is technically termed, used to be indulged in, and players then took the opportunity of paying off old scores on the shins of their enemies. The damage done to the tibia was at that time sometimes serious, or, at all events, troublesome in character. On my first arrival at Rugby I was shocked at what seemed to my inexperienced eye the unnatural roughness of the game, and felt convinced that serious accidents must be of frequent occurrence; but such is the elasticity of youth that I can summon up by no means a lengthy record; and it may not be devoid of interest if, in as few words as possible, I venture to sum up the medical history of football in my own experience.

The collar-bone has been fractured twice; the radius bent once; and one case occurred in which the two middle metacarpal bones of the left hand were broken by the fingers being forcibly bent backwards.

Periosteal swellings on the shin are not uncommon, but seldom give much trouble, and never go on to suppuration if treated with sufficient care. Sprains and minor contusions must necessarily be of frequent occurrence. Violent strains of the knee are met with, in which the limb is twisted forcibly outwards, and where the resulting effusion is both considerable and obstinate. But what is more special to the game is the occurrence of small bursal swellings in the sheath of the quadriceps extensor tendon, exactly over its insertion into the tubercle of the tibia. It is surprising how much inconvenience this apparently trifling disability occasions, by weakening the affected limb and diminishing its kicking power. Merely palliative treatment by blistering and iodine seldom does much good; and, if let alone, they usually cure themselves by hardening, like the somewhat analogous condition of a curb on a horse's hock.

The nervous system does not often directly suffer. One lad, after falls on the head, has twice experienced the same train of symptoms, consisting of total loss of all recollection of the game and its attendant circumstances, lasting for several days. His memory in other respects is quite unimpaired, but this part of his existence is for the time effectually obliterated from his mind.

But about a month ago a very serious accident happened at Rugby, which, having been made the subject of pretty free public comment, requires no apology for being brought briefly under notice.

J. L——, aged eighteen, was playing, as head of his house-twenty in a very keenly contested match, and being in possession of the ball, was set upon by the main body of his opponents, and thrown forcibly to the ground. His neck was bent forward with so much violence that, in the words of an eye witness, his nose touched his chest; and, as it was soon discovered that he had sustained some severe injury, he was removed to an adjoining pavilion. Happening to be on the ground, I saw him at once, and found him cool and collected, with a pale face and anxious countenance, and suffering acute pain at the back of the neck. Sensation and motion were entirely lost from the waist downwards; but in a few minutes, on the effect of the shock passing away, feeling was restored, and he was conveyed to his house. I will not enter fully into the details of the case; suffice it to say that, in consultation with Mr. Baker, of Birmingham, the injury was found to have been sustained somewhere between the fifth and seventh cervical vertebræ; there being no trace of fracture, but evidences of concussion, with probable effusion of blood into or around the

spinal cord. During the first few days there was almost total absence of thoracic breathing, combined with a distressing sensation of tightness round the waist; and grave fears were entertained lest inflammatory action, or a recurrence of hæmorrhage, extending upwards, might so affect the origin of the phrenic as to extinguish life. But this danger happily passed, power gradually became restored to his limbs, the left leg making much slower progress than the right, and the right arm being also considerably enfeebled; on the fifteenth day the use of the catheter could be dispensed with, and the bowels began to recover their healthy tone; and progressive improvement has gone on in so satisfactory a manner that he can now, at a period of thirty-two days from the date of the accident, use his legs as freely as the horizontal posture will permit. It has been judged prudent, as a precautionary measure, to keep him strictly at rest; but, so far as present opportunities will permit the formation of an opinion, we have good hopes of his ultimate recovery.* The treatment consisted, in the first instance, of ice to the spine, followed by counter-irritation; subsequent to which he has steadily continued the use of five-grain doses of iodide of potassium, thrice a day. A liberal diet, with a moderate quantity of stimulants, was allowed; and, thanks to an excellent constitution, the lad's health has continued almost unimpaired by his long and tedious illness.

The shocks and jars to which the brain and spinal cord are exposed by this mode of playing the game are considerable; for not only do the boys frequently fall on their heads, but there is much twisting and wrenching of the back. We might almost expect the injurious results to resemble those met with in railway injuries; and, though I have never heard of any such insidious secondary consequences, it is hard to suppose that the delicate nervous matter can thus be knocked about with impunity. A master in a large public school, who has given some attention to this subject, tells me that a well-marked difference is thus often made in boys as they grow up, and that he has over and over again seen the fine edge and keenness of talent worn away by such rough usage. How far such effects can be produced without actual symptoms, and to what degree permanent diminution of nervous energy can result without sufficient change of structure to reveal itself outwardly, may be a question. The teachings of modern surgery tell us that in no case is concussion of the brain, however slight, unattended by some appreciable lesion; and the violent and oft-repeated falls and blows I have described, without going this length, may remove the delicate and subtile portions of the intellect by some gradual degeneration, too minute for even microscopic detection.

It is satisfactory to reflect, however, that the roughness and violence of these sports are softened down year by year; for custom and tradition have so hallowed many of their usages that he were a bold man who would venture suddenly to lay the axe to their root. And within the last few weeks altered rules have so far met with approval as to remove many of the most apparently objectionable features of the Rugby game.

In bringing these somewhat disjointed remarks to a close, I hope I have convinced you that, while acknowledging the important influence athletic sports always have in the formation of our English character, I am no less alive to the dangers of their abuse in many ways; and, bearing in mind my own future responsibilities in this matter, I shall only too gladly lay down the office of instructor which I have somewhat rashly assumed, and endeavour to justify my presumption in bringing so extensive a subject before you by my strong desire to derive information from the opinions of others.

NOTES OF A CASE OF

OBSCURE INTESTINAL OBSTRUCTION:

OPERATION AT THE SEAT OF AN OLD HERNIA; RECOVERY.

BY C. B. RENDLE, M.R.C.S.

CAPTAIN R. G——, aged forty-two, a man in good health and of sound constitution, subject to an old-standing inguinal hernia on the right side, was seized suddenly, on the morning of Nov. 21st, 1869, with violent pain in the abdomen. He had been out shooting for two or three days before, and had on one occasion, whilst out, great difficulty in returning the hernia, which had come down. The pain continuing, I saw him about three hours after, and found him lying on his back, suffering from very severe and constant pain, with paroxysms, not referred to either inguinal region, but chiefly to the umbilical. This pain had come on suddenly, while dressing, just after getting out of his bath, and before he had adjusted the truss which he constantly wore. He had at that time an action of the bowels, and had been sick.

On examination, I found I could pass my finger freely through the external ring into the inguinal canal on the right side, but could detect no hernia, though there was more fulness on that side than on the left. After trying opium and fomentations without relief, I gave him a hot bath, and while in it I employed taxis in the suspected region, and, as I hoped, with success, as he was for two hours without pain. The pain then returning with increased severity, I was joined by my friend and late partner, Mr. Freeman, who continued to attend the case in conjunction with myself. We administered an enema of turpentine and opium, kept opiate fomentations to the abdomen, and gave one grain of opium every three hours.

The pain not subsiding, and vomiting coming on, we decided on sending for Mr. Henry Smith, who came down from London on the afternoon of the 22nd. By this time the more urgent symptoms had yielded, there having been no sickness since the morning, and the pain was diminished; but there had been no action of the bowels. It was decided to give a pill with one drop of croton oil, followed by a draught of sulphate of magnesia. This produced no action of the bowels, but during the night the violent pain returned, with vomiting of most offensive matter, which continued throughout the night. In the morning, as urgent symptoms of strangulation existed, the vomited matter being stercoraceous, and exhaustion coming on, it was decided to operate and explore.

After cutting through some two inches of superjacent tissue, the body being well nourished, Mr. Smith opened the sac, from which escaped a quantity of turbid serum. On introducing his finger, he felt the gut lying at the internal ring, and on more freely opening the sac it could be seen very much congested, as in cases of strangulation, but apparently not strictured at the ring. Mr. Smith next divided the internal ring, and the wound was then closed and dressed in the usual way. During the day the patient became easy, and there was no sickness. One grain of opium was given every six hours.

Nov. 24th.—Free from pain; has slept fairly. To take merely gruel, and continue opium.

25th.—Somewhat feverish and uneasy; pulse 82; tongue clean; wound looks healthy; there is more fulness in the inguinal region, and dulness on percussion; feeling of fulness in the canal beneath the surface of wound. To continue opiate, and to have an effervescing ammonia mixture; gruel and beef-tea.

26th.—Still feels uneasy; has not slept well; abdomen somewhat distended and tympanitic, except in the inguinal region, where there is a feeling of increased solidity, and dulness on percussion. A large enema of gruel was given, which came away merely stained by feculent matter, and with it a small gall-stone was passed, the size of a beech-nut. Dr. Crowfoot was called in in consultation; and as the obstruction of the bowels was of more than five days' standing, and there was no symptom of active strangulation, it was decided to give one grain of calomel and half a grain of opium, followed by a draught containing a drachm of sulphate of magnesia with carbonate of magnesia. The dose was repeated in four hours; it had no aperient action, but brought on recurrence of pain and vomiting.

27th.—The abdomen is more distended, dulness increased on the right side, and more decided fulness in the inguinal canal. The wound was looking sluggish and unhealthy. It was therefore opened up by introducing the finger (Dr. Crowfoot being present); but there was nothing lying in the wound. The sickness continues after taking any nourishment. Pulse about 80. No passage of fæcal matter or flatus through the bowel. To take ice freely, with a little whisky; Battley's sedative solution, ten minims, every six hours. Fomentations to the abdomen, with turpentine.

* He is now (March, 1870) able to walk about, and use his limbs freely.

28th.—Pain continues; sickness frequent, of an offensive bilious character, coming on after taking any nourishment; frequent hiccough; evident dulness in the right inguinal region over the cæcum, and considerable fulness in the canal. There is a copious discharge of pus from the wound, apparently oozing from the canal. Pulse 92. We again met in consultation, and it was decided to give beef-tea enemata every four hours, guarded with ten minims of laudanum; to continue the iced water, with a teaspoonful of whisky, and the fomentations to the abdomen.

29th.—Is very low and flat; pulse 96. During the night had frequent vomitings of a stercoraceous and horribly offensive character. The abdomen is very tympanitic, with evidence of peritoneal effusion. The surface is dusky and inflamed from the turpentine. On deep percussion there is distinct dulness over the cæcal region. Wound looks glazed, there being no reparative action. To continue the beef-tea enemata, with a teaspoonful of brandy and ten minims of laudanum; fomentations, with laudanum, to the abdomen, and merely the iced whisky-and-water by the mouth.

30th.—During the night the stercoraceous vomiting had continued, with constant hiccough. When I saw him at 6.30 A.M., he was in a state of extreme exhaustion; skin cold; pulse 106, very feeble. His last sickness had been about two hours before. I left him, feeling his state was hopeless. He had larger doses of brandy in his enemata. When we met in consultation in the middle of the day, his aspect had improved. Pulse 98, more calibre; no sickness. There had been a passage of flatus. To continue the enema, with a larger gruel enema daily to empty the rectum.

Dec. 1st.—Decidedly better. Pulse 92. Slept well at intervals. Body much less distended, so that an enlargement in the cæcal region extending up on the right side nearly to the level of the umbilicus is easily defined. Wound more healthy. Consultation again this day. To continue enemata of beef-tea and brandy.

2nd.—Still improved, and passing flatus freely.

3rd.—Much improved. In consultation with Dr. Crowfoot, it was decided to throw up a large enema, which was effected by means of an œsophageal tube passed up to the extent of eighteen inches, three pints and a half of gruel being injected. This brought away large quantities of feculent matter, with some solid lumps. To continue beef-tea enemata, and take milk gruel by mouth.

4th.—There was again an action of the bowels after the enema. The abdomen is not now distended, but there still remains the enlargement and solid feeling in cæcal region.

9th.—Has been suffering since last report from flatulence and colicky pain. To discontinue solid food, and to continue enema of beef-tea; also to take a mixture composed of ammonio-citrate of bismuth, tincture of rhubarb, and ten-minim doses of sedative solution of opium; and to apply fomentations to the abdomen.

14th.—Pain, which lasted more or less since last report, has subsided under the use of opiates locally and internally applied. There is slight tenderness and redness of the right toe. The friends were anxious to have the benefit of Dr. Garrod's opinion, who came down in the evening, meeting Dr. Crowfoot, Mr. Freeman, and myself in consultation. It was decided to continue the use of Battley's solution and fomentation, applying pigment of belladonna and morphia over the cæcal region; and to continue enemata of beef-tea and brandy, giving an occasional larger enema to clear the rectum; and, after a few days, to give Friedrichshall water as a mild stimulant to the bowels' action.

16th.—Easier. No return of the colicky pain. The enlargement in the cæcal region remains. No action of the bowels.

18th.—Still improving.

20th.—Still better, but no action of the bowels. Commenced Friedrichshall water—a wineglassful with two of hot water early in the morning.

22nd.—Bowels slightly relieved. Continue Friedrichshall water.

25th.—Gets daily relief from bowels. The wound has nearly healed. The fæcal accumulation in the cæcum is diminishing. Discontinue Battley's solution.

29th.—Bowels relieved copiously each day. All fulness in the cæcal region has now subsided.

Jan. 1st.—Convalescent, and able to get down stairs.

5th.—After being allowed to go out, he complained of pain in the right foot, and in the night gouty inflammation of the toe and foot supervened. This yielded in a few days to mild doses of colchicum and carbonate of lithia.

12th.—Quite recovered, and able to take horse exercise. He weighs two stone less than he did before his illness.

Remarks.—The point of especial interest in this case lies in the fact of symptoms of strangulation coming on in a patient subject to an old-standing hernia, without any distinct evidence of the obstruction being connected with the hernia. The accumulation in the cæcum probably resulted subsequently from the action of the bowels being paralysed by inflammation of its coat. Throughout this case opiates were the only medicines which availed in at all relieving the symptoms. The passage of a gall-stone on the 26th of November was another point of interest, as there was not any symptom previous to his illness of any hepatic derangement. The colicky pains which supervened on the 7th of December, and proved so distressing and intractable, were probably the result of the impaired action of the digestive organs. Their recurrence at night-time, and the slight threatening of pain in the toe on the night of the 13th, seem to indicate that they were partly gouty in character. That which, however, will attract most attention is the question as to whether the operation was of any service to the patient. The escape of a large quantity of serum from the sac of the hernia, and the highly congested condition of the gut, most undoubtedly point to mischief about the hernia; but there was no distinct evidence that there was any constriction of the intestine, although it is not improbable that the surgeon in his manipulations may have unconsciously relieved a portion which was nipped. The cessation of sickness, too, for some days after the operation is a significant fact, and points to decided relief; but the continuance of the obstruction tells the other way. However, there is no doubt that the course pursued was the correct one, for if there is one rule in surgery which should be followed, it is, that if symptoms of strangulation come on in a patient who is the subject of hernia, recent or old-standing, an exploration of that hernia should be made. Properly performed, this operation is attended with little danger; but if neglected or put off too long life may be inevitably destroyed.

Saxmundham, March, 1870.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

TWO CASES OF STRANGULATED HERNIA; EARLY OPERATION; SATISFACTORY RESULT IN EACH.

(Under the care of Mr. HENRY SMITH.)

IN each of the two cases which follow, the patient presented himself ere strangulation had lasted any long time, and therefore before any very urgent symptoms had had time to appear. In both, reduction by the taxis was carefully and patiently tried, but, failing, there was no delay in operating. Dr. Charles Philpot, surgical registrar, has obliged us with the notes.

CASE 1.—David C——, aged sixty-eight, admitted on the 10th November, 1869, suffering from strangulated femoral hernia. For the last twenty years he has had a lump, about the size of a walnut, in the right groin; but it never gave him either pain or uneasiness till the day of his admission, when, at 7.30, while he was at work, it became very painful, and at the same time increased in size. He applied to a surgeon, who tried to reduce it, without success. As, however, during the course of the day, severe abdominal

pain, with nausea, retching, and slight vomiting, came on, he applied at this hospital for relief at 9.30 P.M., and was immediately admitted.

On admission he appeared a hale, healthy-looking man; complained of sharp pain across the abdomen, felt sick, and said that he had vomited slightly two or three times, and retched considerably during the afternoon. There was a swelling, the size of a hen's egg, in the right groin, below Poupart's ligament, and internal to the femoral vessels, which was hard, tense, and painful on pressure, and to which no impulse was imparted on his coughing.

He was put into a warm bath, and the house-surgeon tried to reduce the hernia, but without success. Mr. Henry Smith was then sent for, and, as reduction by taxis failed in his hands, he operated at once. An incision was made, and the sac exposed and opened in the usual manner; the portion of bowel was then seen to be claret-coloured, but not very dark. The constriction was found to be at Gimbernat's ligament, which was freely incised, and the intestine was then easily returned into the abdomen.

With the exception of slight pain across the belly during the two days following the operation, he recovered without a single bad symptom. The wound healed up rapidly, so that at the end of a month he was able to wear a truss, and leave the hospital.

CASE 2.—John B——, aged fifty-seven, labourer, admitted under the care of Mr. H. Smith, suffering from strangulated inguinal hernia, Jan. 26th, 1870. He has had a reducible inguinal hernia for the last twenty-four years, for which he has always worn a truss. During the last week he has suffered from obstinate constipation, but was freely purged by some medicine which he took two days ago. On rising on the morning of the day before admission, he neglected to put on his truss, and walked about his room without it; he then found that he could not return the hernia, as usual. He applied to a medical man, who failed to reduce it. On the following day, he applied at King's College Hospital, and was admitted as in-patient.

On admission (10.30 A.M.) a left inguinal hernia, about the size of a hen's egg, tense and irreducible, was present. The bowels had not acted for two days. He felt sick, but had not vomited. He was put in a warm bath, and the reduction of the hernia by taxis was attempted by the house-surgeon, but without success. Mr. Smith saw him about 1 P.M. He was unable to reduce the hernia. As, however, no urgent symptoms were present, he determined to operate in some hours' time, should the hernia be still irreducible. As reduction remained impossible, Mr. Smith operated about 10 P.M. He made an incision 4 in. long on the outside of the swelling, exposing a good deal of fat. On this being divided, he came to the sac, which was very thick. The sac was then freely opened, and about an ounce of clear fluid escaped. The knuckle of intestine thus exposed was found to be chocolate-coloured, and very tightly constricted at the external abdominal ring, the margin of which was freely incised. A second constriction was found at the internal ring. On the free incision of its edge, the bowel was easily returned into the abdomen. During the two following days he had slight nausea, and vomited once or twice; but these symptoms soon subsided.

On the fifth day after the operation, as the bowels had not acted, a dose of castor oil was administered, which purged him freely. The wound healed up rapidly, so that on the 1st of March he was able to leave the hospital.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF TYPHOID FEVER.

(Clinical Remarks by DR. WILSON FOX.)

A YOUNG woman was admitted into University College Hospital on March 17th with the following symptoms: Acute febrile disturbance, which had lasted for eight days; great prostration; no very marked mental disturbance. The temperature in the evening was 104°; in the morning 101°. The abdomen was tympanitic, and the bowels were loose, the stools being watery and bilious.

In some clinical remarks upon the use of the thermometer in the diagnosis of typhoid fever, Dr. Fox stated that the temperature in this case, taken together with the duration of the febrile symptoms, excluded the acute exanthemata, typhus, and pneumonia. Great difficulty, however, would often be experienced with cases presenting the above-mentioned list of symptoms in deciding between typhoid fever and tuberculosis with meningeal complications. In the latter affection one would expect to find some mental disturbance, photophobia, occasionally a tendency to strabismus, and also hyperæsthesia and some special form of paralysis. The presence of any of these symptoms would assist the diagnosis. In the present case they were absent, and the patient was calm, rational, and collected. There was often considerable difficulty in distinguishing the early stage of typhoid fever from a severe bilious attack, especially in children, as in young patients suffering from the latter complaint the temperature mounted frequently to 103° or 104°, remained at this elevated point for a few hours, and then rapidly fell again without any appreciable cause. It was important to make the diagnosis, if possible, in cases of this kind, as the administration of purgatives—the ordinary treatment for a bilious attack—would in the early stage of typhoid do very great mischief. In cases of doubt it would be well to abstain from the use of aperient medicine and to give merely salines.

In speaking of the treatment of typhoid fever, Dr. Fox stated that in the early stage of the affection, whilst the patient's strength remained good, and the pulse was full, frequent, and regular, it was advisable to give little or no medicine, and to abstain from the old plan of giving slops—such as arrowroot, sago, and broths containing vegetable matter. Farinaceous and starchy food should be most carefully avoided in typhoid, as in other acute febrile affections; for, in cases of this kind, the salivary and pancreatic secretions were much reduced, or quite arrested. Starchy food, consequently, remained undigested, and caused tympanitis and diarrhœa. The diet should consist of milk and beef-tea, with, for the purpose of relieving thirst, seltzer water, barley water, and the common toast-water, which was very agreeable to feverish patients. Milk might be given freely, as it was a readily assimilable article of food. The chief indication for withholding or administering alcoholic stimulants, was the state of the pulse. So long as the patient's strength was maintained, and the pulse was good and regular, no alcohol should be given; but when the pulse began to flag, and became weak, slow, and fluttering, brandy should at once be administered, and, if necessary, with a free hand. In the ordinary course of severe typhoid, towards the end of the fever, a daily allowance of from twelve to eighteen ounces was generally required. In some cases the pulse remained good throughout the whole course of typhoid fever, and no brandy was required; but these were exceptional cases. With patients from the upper and middle classes stimulants were most frequently required; and with delicate women, and men exhausted by brain work, an early administration of brandy was necessary.

MIDDLESEX HOSPITAL.

CASE OF RETENTION OF URINE FROM IMPERVIOUS STRICTURE; PARACENTESIS VESICÆ SUPRA PUBEM; RECOVERY.

(Under the care of MR. HULKE.)

CASES in which, with care and patience, a catheter cannot be passed through a stricture occur so rarely that many surgeons in large practice have never been obliged to resort to tapping the urinary bladder. Such cases, however, do occasionally happen, and they are generally treated in one of two ways,—either by an incision through the perineum into the urethra, behind the stricture, or by tapping the bladder through the rectum. A small residuum of exceptional cases remains, where neither of these methods can be practised. Thus a very large prostate is a complication which may make it impossible to reach the bladder through the rectum. In the following case extreme obesity rendered the perineum so deep that the supra-pubic paracentesis was alone practicable. The total absence of infiltration and of diffuse cellulitis, where the abundance of loose fatty tissue made its occurrence very probable, is an interesting fact. Mr. G. E. Norton, house-surgeon, has obliged us with the notes.

An extremely stout man, aged forty-two, was admitted into Forbes ward with retention of urine. For some time the stream had been narrowing, and a week previously he had for several hours been unable to micturate. The house-surgeon placed him in a warm bath, but could not get a catheter through the stricture. At 7 P.M. he was seen by Mr. Hulke, who found the bladder distended, reaching more than half way between pubes and navel; he also could not pass a catheter. There was an obstruction a little behind the scrotum, through which No. 4 could be introduced, and another obstacle at the bulb, through which no instrument could be passed. As the first attack of retention a few days before had ceased spontaneously, it was presumable that spasm was one element in the present seizure. Laudanum was freely given, the rectum and colon were unloaded by a clyster, and the belly and perineum were fomented. At 10 P.M. no relief had been obtained, and the bladder then nearly reached the navel. It was still impossible to pass a catheter. Owing to the patient's great obesity, the prostate could not be felt with the finger in the rectum, which precluded paracentesis of the bladder through the gut, and it equally deterred from perineal section. Paracentesis supra pubem appeared to be the only resource, and its propriety was concurred in by Mr. De Morgan, who kindly lent Mr. Hulke his valuable assistance. Owing to the patient's extreme obesity, the symphysis pubis could not be felt through the integument. A cut two and a half inches long was made above it, and, after dividing nearly two inches and a half of fat, the tendinous interspace between the musculi recti came into view. A trocar (Cock's) was thrust through this into the bladder, and nearly four pints of clear urine were drawn off; the canula was fastened into the bladder, and the wound was filled with lint dipped in carbolic acid oil. The patient never had an unfavourable symptom. The day after the operation a little water was voided per urethram, and on the eleventh day all was passed by the natural channel. The canula was removed on the ninth day, and on the 15th a small elastic catheter was for the first time got through the stricture into the bladder.

At the end of the third week he was made an out-patient, and some time later he was finally discharged, the urethra easily admitting a No. 10 catheter.

ST. MATTHEW'S INFIRMARY, BETHNAL-GREEN.

CASE OF POISONING BY NITRIC ACID; RECOVERY.

(Under the care of Mr. E. ADAMS.)

THE following is an instance of recovery from a large dose of nitric acid. It seems probable that the patient swallowed at least half an ounce of the strong acid. Two drachms has before now proved fatal to an adult.

J. G——, aged twenty-one, was admitted on Dec. 31st, 1868, at twenty minutes past 4 P.M., having swallowed nitric acid, with suicidal intent. He was unable to walk, face flushed, skin cold, much prostrated, with small and frequent pulse. There was no yellowing of the teeth or gums, nor whitening of the mouth. The man threw himself on his belly, writhing in paroxysms of agony, pressing his belly with both hands, groaning, and beseeching to be stabbed. He vomited a dark, sanguineous, and grumous fluid, intensely acid.

He was ordered carbonate of magnesia and lime, beaten up with eggs in warm milk. Swallowing was very difficult, and the remedy could only be retained a few minutes from the incessant vomiting. In his pocket were found two phials (one ounce and half an ounce), the smaller of which, he said, had contained strong acid, the larger diluted acid, and he had swallowed the contents of each at the same time. The little that remained answered to the tests for nitric acid.

The vomiting and pain continued. At 10 P.M. the blood ejected was of brighter colour. He was ordered ice, milk, brandy, beef-tea, and forty minims of solution of morphia, together with the alkaline mixture. Later, linseed poultices were kept applied to the stomach.

Next day there was still blood-vomiting, with a small quick pulse, and tenderness at pylorus. The morphia was continued. He passed a pint of dark-coloured urine, of pea-soup consistency.

On the fifth day after admission he passed, for the first time, a small, dark evacuation. Meantime he had continued to complain of pain, and had frequently spat up mucus more or less blood-stained.

On the sixth day he vomited a pint of coagulated blood and fluid. The morphia draught was continued three times a day, and he obtained occasional sleep.

On Jan. 7th, 1869, it is noted that his pulse is 80, and that he takes a moderate supply of nourishment. He threw up about a pint of bloody fluid, with a shred of mucous membrane, two or three inches in diameter, smelling offensively. His urine was clear. He slept moderately. Pain was less severe.

The following day he sat up for a few minutes, and on the morrow kept down some fish, milk, beef-tea, and two eggs.

Jan. 10th.—Bowels opened for the second time.

11th.—He walked about with his chin depressed on the chest.

20th.—He was threatened with asphyxia. There was at this time great difficulty in swallowing, which could only be performed in gulps, part of the fluid regurgitating through both nostrils, owing to constriction of the œsophagus.

29th.—He still continued to throw up shreds of mucous membrane. A small bougie was passed with difficulty into the œsophagus, which presented a stricture at a depth of about two inches.

From this time a bougie was passed on alternate days. General tonic and restorative treatment was continued, and he was discharged on April 19th (109 days from admission) with some constriction about the œsophagus, but otherwise in fair health. When seen two or three weeks afterwards, he was at work, but still required the occasional use of a bougie.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON IDIOPATHIC GENERAL CEREBRITIS.

BY CHARLES ELAM, M.D.

THE object of the paper was to indicate the existence of a special inflammatory affection of the substance of the brain, not complicated by any altered condition of the meninges, and differing widely in most of its essential characters from any form of cerebritis or encephalitis hitherto described in systematic works on the subject. This was called "General Acute Idiopathic Cerebritis." Its principal phenomena, positive and negative, were these: uniformity in its commencement, beginning with vomiting; uniformity in its termination, ending with death. Its duration was from thirty-six hours to twelve days. Its progress was remarkable from the absence of the striking phenomena that generally characterise compound cerebritis—that is, the form that is accompanied by meningitis. There was no convulsion, no paralysis, but little delirium, and that mild and transitory, and coma only supervened shortly before death, as it might do in many general affections. Three cases were selected from a number as illustrations, with brief details of the post-mortem examinations. This sketch was intended to supply a link in our nosological system, which, as it appeared to the author, had been in great measure, if not altogether, hitherto missing.

The PRESIDENT expressed a high sense of the value of Dr. Elam's communication. He believed that it was very rare to have inflammatory affections of the brain in which the membranes did not participate, and asked for the experience of the Fellows upon this point.

Dr. CLIFFORD ALLBUTT had been greatly interested by the paper. It appeared that in one case much post-mortem change had been found, in the other two nothing but congestion. Such cases as the last are perplexing. What are they? In the two no microscopic examination was made; in the one there were exudation corpuscles in the brain-substance. He hardly knew in what sense the word "brain" had been used by the author, and had observed no mention of the state of the mesocephalic ganglia. Even in

the one case, how far was the state cerebritis? In the other two the use of the term was questionable. Proliferation of the connective tissue of the brain was a matter of great and unusual interest. He himself was only acquainted with partial encephalitis, and had only seen this either artificially produced by injuries, or existing at the borders of morbid growths.

Dr. CHARLTON BASTIAN knew nothing of uncomplicated cerebritis, from knowing no anatomical distinction characteristic of it. He thought the evidence did not entitle Dr. Elam to call himself the discoverer of such a disease. Dr. Elam had brought forward three cases which agreed in no one particular. In the first the most noticeable morbid change was hyperæmia, in the second general softening, in the third induration. These surely could not be placed in the same category. Of the first it would be very hazardous to speak. In the third it was impossible to believe that induration could have taken place from any acute change. It was a chronic process in all organs; in the brain, a chronic overgrowth of neuroglia. In the second case the chief point was the existence of exudation corpuscles, and these are now known to be the ordinary accompaniments of all degenerative changes; so that there was nothing to differentiate the change described from *ramollissement*. The very universality of the change was an argument against its inflammatory character, because the brain is a multiple organ as regards its blood-supply, so that inflammation would affect its different portions independently. We should look for the causes of inflammation in one of three elements—either in the connective tissue, the nerve tissue, or the bloodvessels; and pathological changes in any of these three may be followed by other pathological changes in the region implicated. No reliance could be placed on symptoms as evidence of the nature of disease. An affection of the hemispheres would produce different symptoms from the same affection of the pons Varolii or of the cerebellum. Symptoms would not be dependent on the nature of the structural change, but on the part in which that change took place.

Dr. RADCLIFFE said that thoughts like those to which Dr. Bastian had given expression had passed through his mind while listening to the paper. He could scarcely allow that the post-mortem evidence adduced in support of the existence of cerebritis, as defined by Dr. Elam, was conclusive, but he was chiefly disposed to call in question the symptomatology of the disorder. He believed that the accounts of encephalitis in the ordinary text-books required revising; that acute pain in the head, and active delirium or high fever, or active symptoms of any kind, were not the symptoms commonly met with; but that mental dulness and indifference rapidly deepening, ushered in by vomiting, with little or no feverishness, and with little or no disposition to paralysis beyond weakness of the bladder, were the usual symptoms, not only when the substance of the brain without the membranes, was affected, but also when the membranes were implicated in the inflammation. He therefore would not regard the symptoms given by Dr. Elam as diagnostic of cerebritis *pur et simple* as being really so diagnostic.

Dr. WYNN WILLIAMS inquired how soon after parturition the disease had shown itself in the case of the adult lady, and mentioned instances in which somewhat similar symptoms, leading to a fatal issue, had been attributed to the absorption of putrid matters after delivery.

Dr. HABERSHON believed that everyone must frequently have been perplexed by the absence of post-mortem change in cases of apparent tubercular meningitis. Dr. Bastian had drawn attention to a correct division of these instances, according as they might be due to changes in the tissue elements or in the bloodvessels. In the latter case he believed that manifest hyperæmia was often due to capillary embolism; and he doubted if we should be warranted in regarding the changes described by Dr. Elam as being due to acute general inflammation.

Dr. CHARLTON BASTIAN wished to supply an omission in his former observations. He had frequently found that general turgescence was due to capillary obstruction, occlusions of various kinds disseminated throughout the brain; and he had found similar obstructions in other organs, as the liver, with clear evidence, from the consecutive tissue changes around them, that they had been formed during life.

Dr. ELAM, in replying, said that he had selected three cases having a certain distinct clinical relationship. The changes were general—universal over the brain. The disease was acute—sudden in its invasion, without premonitory symptoms, rapid in its progress to death. The post-mortem changes were general, and had a certain relation. In the second case the brain was diffluent; and if the first patient had lived twelve days, his brain might probably have been in a similar condition. In the third patient there was no induration, but the texture was a little firmer than natural, with the hardness of the first stage of inflammation. This case lasted as long as No. 2; but the difference in the rate of morbid change might be due to the difference of age—one patient being a boy of thirteen, very young for his years; the other the mother of three children. In all, the changes were such as we are accustomed to call inflammatory. In No. 2, besides the very great softening, there was the roseate tint of the tissue, which stained a knife, and the presence of the exudation corpuscles. It was certainly much to be regretted that disease should be so illogical as to produce results which it ought not to produce, but it was our most important duty to trace facts as they occurred.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 3RD, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

A REPORT on Mr. De Morgan's case of Recurring Fibroplastic Tumour showed that it was not cancerous, but consisted of cells, spindle-shaped and myeloid, enclosed by fibrous bands.

Mr. GAY exhibited a specimen of Gangrene of the Femoral vein, following obliteration of the saphena. The patient had cancer of the scrotum and glands adjoining, one of which latter was excised. In the operation the saphena vein was cut across; bleeding frequently occurred, and finally the femoral vein and artery sloughed, and the man died.

Dr. WEBER showed a specimen of Tuberculosis of the Arachnoid and Lungs, apparently consequent on caseation of glands.

Dr. DOWN brought before the notice of the Society a living specimen of the disease described by Duchenne as paralysis with muscular hypertrophy. The patient was a boy of eleven years of age, of dull heavy look and sallow complexion, who had lost the power of walking, and who on falling could not rise; the arms could only be raised by a swinging movement. The fingers and feet, however, could be moved readily. The muscles were hypertrophied, especially the gastrocnemius, and those in the dorsal region, and they did not respond to the induced electric current.

Mr. ADAMS confirmed the diagnosis made by Dr. Down.

Mr. CARR JACKSON showed a Knee-joint, the bones of which were affected with acute necrosis. The operation for excision was intended, but on opening the joint extensive disease was found, and amputation was performed.

Dr. ROBINSON exhibited a Double Aortic Aneurism, with ossific deposits in the walls of the vessel, taken from a guardsman, admitted into hospital with small pulse, numbness of the left arm, cardiac distress, and a diastolic murmur at base, and who died suddenly two days subsequently. Two sacculated pouches were found just above the valves, and the inner and middle coats of the vessel were destroyed by disease.

Dr. PAYNE showed a specimen of Abnormal Fibrous Structures in the Wall of the Left Ventricle of the Heart, and careful inspection seemed to show that they were abortive valves—a second set, in fact, which reached a certain stage of development, and then became stationary. The heart was hypertrophied, and the aorta markedly dilated, the semilunar valves being incompetent.

Dr. DICKINSON observed that these structures clearly resembled valves.

Dr. DUCKWORTH exhibited some Sarcinæ which had been vomited three years ago, but had undergone little change, if any, since, save that the "pack" character had become indistinct, and the bundles had assumed a granular appearance.

REPORT
OF
The Lancet Sanitary Commission
ON THE
EPIDEMIC OF SCARLET FEVER AT MARLBOROUGH COLLEGE.

THE sanitary condition of our public schools has not attracted the attention its importance deserves. It is a source of constant anxiety to all concerned in their management; it is a question of the deepest interest to parents and guardians; and it involves the lives and welfare of the boys themselves. Nor is it altogether surprising that, as compared with education—which is of course the primary object of these schools,—the knowledge and practice of sanitary laws should hold a secondary place. So much reliance is, indeed, placed upon cricket, rowing, gymnastics, and other occupations which tend to develop the body and maintain the health, that the value of other sanitary conditions is apt to be underrated; and it is only when a school has been subjected to a series of epidemics that the question assumes its just importance, and the inefficacy of arrangements, thought fully adequate a few years ago, is felt.

The recent outbreak of scarlet fever at Marlborough College is a case in point; and whilst we have no reason to suppose that the sanitary condition of the College is either better or worse than that of other institutions conducted on a similar plan, we embrace the occasion for the purpose of commencing a series of investigations into the sanitary arrangements of our public schools. We particularly desire, however, to avoid creating a prejudice against Marlborough College on account of any defects it may be necessary to point out; indeed, we should desire to treat it with as much consideration as is consistent with the truth, because it is the first to have its condition probed, because it is the cheapest of our public schools, and an institution which could not easily be replaced.

Marlborough College is situated on the left bank of the river Kennet, a clear stream which runs through Wilts in a valley of the chalk. The most ancient part of the building was designed by Inigo Jones, and around this more modern structures have gradually grown up. All are, undoubtedly, too near the river; but as the soil is chalk, and the drainage perfect, the only probable effects are a slightly diminished temperature, and an increased humidity of air. All future additions, however, should certainly be made on higher ground. The College is 450 feet above the sea. The air is sharp and bracing, and the cold severe. Delicate boys, if able to resist its coldness, derive great benefit from prolonged residence; indeed, with sufficient artificial warmth and clothing, there is probably no healthier site in England. There are no low fevers, no ague, and epidemics have invariably been traced to the introduction of infection from without. If further proof were wanting of the general salubrity of the school, it might be found in the fact that, excluding epidemic years, the average number of boys away from classes on account of even the most trifling illnesses does not amount to 3 per cent.

Nevertheless, it cannot be denied that, when once introduced, infectious diseases have frequently spread with great rapidity. During the last twenty years there have been four epidemics of measles. In 1854 there were 97 cases; in 1860, 71 cases; in 1864, 76 cases (and one death); and in 1867 there were 78 cases. In the same period there have been seven epidemics of scarlet fever.

In 1852	46 cases		2 deaths.
In 1853	11 „		0 „
In 1855	63 „		0 „
Then, after a long interval—			
In 1864	117 „		3 „
In 1867	15 „		1 „
In 1868	135 „		0 „
In 1870	73 „		4 „

These circumstances demand—and will doubtless receive—the immediate attention of the Council, and we shall be happy to assist in solving the very difficult problem they suggest.

In the first place it is necessary to observe that of 527 pupils only 436 are accommodated within the college. About 50 of the non-residents take their dinner only in the dining hall. The rest live entirely in boarding houses near.

The history of the present and of former epidemics proves that the disease has no tendency to spread amongst the non-resident boys. On the present occasion isolated cases have appeared at Mr. Bright's house, where there are fifty boys, and one case only in Dr. Fergus's house of twelve boys, that case being clearly traced to personal communication with infected boys. Other masters' houses have entirely escaped. The Rev. Mr. Bradley, the head master, has had no case in his own family. There have been no cases in the neighbourhood or town. 17 per cent. of the boys in college have been attacked, and not 5 per cent. of those outside.

Our first conclusion, then, is that mere personal association in the class-rooms, dining-hall, and playgrounds is not of itself sufficient to account for the propagation of the infection.

In the next place we have to notice that the resident boys are accommodated in three separate buildings, and it will help to trace the conditions of propagation if we examine the number of boys attacked in each house. In the old house there are 162 beds, in the new house 178, and in the lower school 92. In the year 1864, 25 per cent. of the boys in the old house had the fever, 26 per cent. of those in the new house, and only 12 per cent. of those in the lower school. Taking the average of three epidemics, we find that on each occasion 20 per cent. of the boys in the old house were attacked, 22 per cent. of those in the new house, and only 8 per cent. of those in the lower school.

It is evident, then, that there must be something in the construction and arrangement of the old and new houses which favours the propagation of infection. It is necessary, therefore, to compare them closely.

The cubic space and area per bed are as follows:—

	Cubic Space.	Area.
Old house	482 cubic feet	59·4 square feet.
New house	473·3 „	47·3 „
Lower school	570 „	47·3 „

Here, then, we have the first great difference, and it will be observed that the number of cases bears an exact relation to the deficiency of space. The question, however, is susceptible of much closer illustration.

The old house is well raised above the ground. The ground floor is devoted to offices, master's room, and library, the latter a noble and well-furnished apartment. There are two spacious staircases leading to what were formerly drawing-rooms and bed-rooms. Some of the rooms contain four beds, others more, and one 27. The last, called letter "U," is 55 ft. long, 22 ft. wide, and 14 ft. 3 in. high. There are large windows on one side, and two at one end. There are two doors and two fireplaces, the latter not used. The windows do not reach within 2 ft. of the ceiling, and there is no special ventilation. Formerly the windows had ventilators which prevented the sashes being quite closed at the top, but complaints were made of the cold, and they have been removed. The area space is small, being only 45 square

feet per bed, but the proximity of the beds is increased by the spaces required for the opening doors, and by the washstands arranged down the centre of the room. Noble as is the appearance of this room, its sanitary condition is anything but satisfactory. There is no ventilation worthy of the name. The large cubic space is practically diminished by the want of ventilation at the top of the room, and even the chimney shafts are not employed to take away any portion of the foul air. These remarks apply to the other rooms on the same floor, except letter "N," in which the ventilators remain in the window sashes. But in this case there are but two windows on one side of the room, and no other means of ventilation.

The rooms in the attic story are in appearance much less inviting. They are, with one exception, only 8 ft. 6 in. high. They are sloping at the sides, and have small dormer windows. The area per bed in these rooms is 47·5 square feet per bed, as against 45 square feet in those below. And the cubic space is only 389 cubic feet, as against 643 cubic feet below. They, nevertheless, possess one great peculiarity. They have all of them large ventilators in the ceiling leading to the roof. The effect on the propagation of scarlatina is most marked; for whereas, on the average of three epidemics, 23·7 per cent. of the boys on the first floor have been attacked at each epidemic, only 16·4 per cent. have been attacked on the upper floor. Letter "U" is a room in which parents are particularly anxious to have their children sleep. Out of 27 boys, 12 were attacked in 1864, 4 in 1868, and 7 this year; whilst in letter "H" above, with 24 beds, 4 only were attacked in 1864, 4 in 1868, and 2 only this year. It may also be noted that room "H" was greatly improved about a year ago. The inference is clear and positive. The spread of infection does not depend merely upon the absence of sufficient cubic space, but on the absence of efficient ventilation.

The new house is a quadrangular building, completely surrounding a small covered court. Each floor contains four rooms. The windows are all external. They are for the most part small, and, on the upper floor, they do not reach to the ceiling. There are four ventilating shafts, with moderately sized openings from the dormitories, but in some there was evidence of a downward draught. There are fireplaces in nearly all the rooms, but when the boys are present they are closed with boards, and beds are placed against them. The height of the two lower floors is 10 ft., of the uppermost 9 ft. 6 in. There are conveniences on each floor, which were all in excellent order. The floor space is only 47·3 square feet per bed, the beds being very close together, and the cubic space is very insufficient. The ventilation of this building is unsatisfactory, and the upper floor is much the most defective. Taking again the average of three epidemics, we find that 20·3 per cent. of the boys were attacked on the ground floor, 19·3 per cent. on the middle floor, and 23·3 per cent. on the upper floor—a proportion corresponding very closely with the state of ventilation. The class rooms in this building are by no means so well ventilated as they should be, and they are occupied nearly all day long; whilst the large schoolroom, in which many of the boys resident in this building pass nearly all their time, is cheerless, without sunlight, and very insufficiently warmed. Indeed, it may be observed that nearly the whole school was suffering from catarrh when the first case of scarlet fever occurred in February last. Out of 179 boys who assemble in the large schoolroom, not less than 37 have had scarlatina this year.

The lower school is a smaller quadrangular building, built on nearly the same plan as the new house, with, however, two or three great improvements. The rooms are 11 ft. 6 in. high. The windows reach to the ceiling, and the ventilators are large and continually open. The cubic space per bed is much greater. These circumstances have told most favourably on the health of the residents. This year there have been only three cases of scarlatina out of 115 boys, 92 of whom reside in this house. There are in this building class-rooms on the basement. One of them is small, and all of them insufficiently ventilated. They are sufficiently warmed, a matter of great importance.

With respect to the dietary, we are convinced that it is both good in quality and sufficient in quantity. The breakfast consists of tea and coffee, with an unlimited amount of bread and butter. The quantity of milk is limited. Many boys arrange to have cold meat, eggs, and extra milk. At dinner, which is at half-past one, the allowance of meat is unlimited. The average consumption of meat for the half-year ending Christmas was 13¼ oz. per head per day, and for the present half 14 oz. per head per day. The meat, except legs of mutton, is without bone. The supply of potatoes is also unlimited; and although green vegetables are used, they are not so freely taken as is desirable, chiefly because there is considerable difficulty in getting a regular supply. There is in the evening another tea and bread and butter meal. Weakly boys are ordered extra meat, wine, and porter by the surgeon, in which case there is no extra charge. The dinner-beer averages three-quarters of a pint per head, the bread 1 lb. per head per day, and the butter 1¼ oz. After football, cricket, and other violent games extra strong beer is served out in the evening, with a moderate supply of bread and cheese.

This food appears to us ample, but it is a question whether it would not be possible to distribute the quantity in a different way. From half-past one until breakfast next day is too long to go without more substantial food; and if the meat at dinner could be divided, digestion would probably be more perfect. Nevertheless, it can scarcely be said that the present distribution fails, as the boys generally go home in better health than when they arrive at school. Perhaps it might be possible to have a soup or bread and cheese meal at night.

The sick rooms have been built quite recently. They are situate close to the new house. The ground floor is occupied by offices for medical officer, &c., and the top forms a most charming reading room. The middle part consists of five separate rooms, very ill constructed, with a dark central corridor into which all are ventilated, and which consequently forms a reservoir of foul air. The reading room is at present a ward for convalescents. Near the playground is the sanatorium, a building provided with a separate staff, and intended exclusively for the isolation of infectious cases. It consists of three stories, the lower being administrative, and the two upper being for the use of twenty-seven patients. On each floor five small rooms open upon a common corridor, which is provided with an open fireplace. At each end of the building are lavatories and watercloscts, the latter not sufficiently isolated, though well administered and clean. The windows of the wards do not reach the ceiling, and although there are four small openings in each room, communicating with an extraction flue, the ventilation is not such as would meet the approval of sanitarians.

The whole of the hospital accommodation has been greatly overcrowded, and there are still too many beds in the wards, although there are only 38 cases under treatment at the present time. There should be accommodation for at least 50 patients. Nevertheless, it is obvious that it is far easier to prevent than to treat epidemic diseases. And if the conditions of spreading were as well met in the College as they are in the masters' houses, there ought to be no difficulty in checking their progress. It is observed that the first cases invariably occur within the first fortnight after the return of the boys to school; and we would venture to suggest that, during that period, there should be a daily medical inspection. Feverish symptoms would then be detected almost before the boy complains, and it would be better to isolate for a day or so half a dozen unnecessarily, than to let a single case escape notice, and infect the school.

It is of course impossible to advise the Council in detail as to the remedies required; but, speaking generally, we are of opinion—1. That the number of boys resident in the college must be reduced by at least seventy or eighty. 2. That the ventilation should be everywhere improved. 3. That more artificial warmth should be supplied. With respect to the first, we believe that, two years ago, the Council took steps to increase the accommodation, but that they have been deterred by difficulties as to the tenure of the land. These are now over, and we may hope to hear that additional masters' houses will very soon be built. With respect to improved ventilation, we are of opinion that the present rooms may be made sufficiently perfect to check the spread of infectious diseases, and that it may be done

without the creation of unpleasant draughts. Whenever it is possible, Galton's or Kennard's ventilating stoves, with open fires, should be used, and in the large school-room some skylights should be opened in the roof.

Although it will always be necessary to take extra sanitary precautions where considerable numbers of boys are brought together on the hostel system, we are confident that the difficulties are much less in the case of young gentlemen than amongst any other class. They are well bred and strong in constitution, active in their habits and cleanly in their persons. But it must not be forgotten that these very circumstances tend to obscure the existence of sanitary evils. We cannot rely, for example, upon the nose to detect imperfect ventilation, but must assure ourselves not only that the means are there, but that they are in proper action. Indeed, we see no reason why the sanitary arrangements should not be as subject to periodical inspection and examination as the educational invariably are.

Foreign Gleanings.

CORRADI *versus* PERRÈVE AND HOLT.

M. BROCA presented, a short time ago, to the Academy of Medicine of Paris, a report upon a urethral dilator of M. Corradi. The instrument distends the urethra without tearing the mucous membrane or the actual texture of the canal. It consists of two slender silver rods joined at their vesical extremity, making up a thickness of No. 2. By means of a mechanism at the handle, one of the rods can be shortened, and it thereby bends on the other like an arc upon its cord. The instrument being introduced beyond the stricture, the rod is shortened. and the whole slowly withdrawn. The dilatation in the transverse direction is not painful, causes no hæmorrhage, and immediately afterwards No. 12 French (about No. 4 English) can be introduced. The size of the bougies is then rapidly increased; and in a week a full-sized instrument can be passed. It is clear that M. Corradi's view is to shorten the earlier stages of ordinary dilatation, whilst Perrève's and Holt's instruments regularly break up the urethra.

CÆSAREAN OPERATION; PROPOSED MODIFICATION.

Seeing how often women perish after this operation from hæmorrhage into the peritoneal cavity, or from penetration into the latter of the lochial fluid, M. Tarnier proposes, before incising the uterine walls, to apply seven sutures on each side between the lips of the abdominal wound and the uncut uterine walls. The latter are then to be divided, and the operation to be concluded in the usual way. M. Tarnier, who brought this proposal before the Surgical Society of Paris, found much opposition; it was shown that the dangers of hæmorrhage are not so great as he supposes, and that death is mostly due to inflammation of the peritoneum unconnected with effusion of fluid.

MODE OF ASCERTAINING THE RESULTS OF THE DIFFERENT KINDS OF VACCINATION.

M. Constantin Paul proposes a simple plan of vaccination which will allow one, in years to come, to judge of the value of the vaccine matter used. The latter is now, in Paris, obtained in three ways:—1. The lymph which, since Jenner's time, has passed from one human being to another. 2. The lymph obtained from spontaneous cow-pox, and propagated from one heifer to another. 3. The lymph gathered in the latter way, and then carried from arm to arm. For No. 1, make three punctures on the arm in a line parallel to the axis of the limb; for No. 2, three punctures arranged in an isosceles triangle, the base below; for No. 3, the same triangle with the base above. Thus, if this mode were generally adopted, it would be easy to say, in examining the arms of adults, what kind of vaccination has been used in individual cases.

IMPERFECT INTONATION AND ITS CAUSE.

M. Trélat has brought before the Surgical Society of Paris the case of a family in which the father speaks imperfectly, owing to antero-posterior brevity of the hard palate, and a notching of the same towards the velum. Mother quite healthy. By a first husband she has a son, now seven years old and in good health; by the present or second husband she has had two daughters, one who died at six months and who sucked with difficulty from "a hole in the velum," and a little girl, the present patient, now three weeks old. It would appear that this child was born with a sound but thin velum; after some time an aperture formed at the junction of the hard with the soft palate, which aperture is now small and visible. It is surrounded by a very thin substance, and seems to be the result of the giving way of the latter. M. Trélat does not believe that cleft palate is the sole cause of nasal intonation, but that the antero-posterior and lateral narrowness of the hard palate has much to do with it. In this manner, if he is right, would be explained the persistence of the nasal twang in cases where the perfect union of the margins of the cleft has been obtained by operation.

INGESTION OF FIFTY-FIVE DROPS OF CROTON OIL BY A MAN OF TWENTY-NINE; RECOVERY.

A case of this kind was published in the *Tribune Médicale* of Paris (No. 93), relating to a little girl six years old. The child recovered after severe vomiting, and hardly any diarrhœa. Dr. Augé, of Reuilly (France), has lately communicated to the same journal the above-mentioned case. A mistake was made between the cough mixture and a small bottle containing croton oil, to be used for frictions beneath each clavicle. It is calculated that about fifty-five drops were swallowed. There was some diarrhœa and feverishness for three or four days; but the patient was not much distressed, and finally recovered. M. Augé thinks that the oil, instead of being absorbed, *spreads* on the moist mucous membrane of the stomach. The medico-legal bearings of such a case are very important.

LOSS OF SPEECH AFTER CHLOROFORM.

A servant-girl, says the *Allg. Med. Centr. Zeit.*, for the sake of the extraction of a tooth, inhaled chloroform for a very short time. On awaking she had lost the power of speech, could not utter any sound whatever, and remained in that state for five weeks, in spite of various remedies, especially electricity. After this time she began to speak in a low tone, and was put under appropriate treatment. It is supposed that she suffered during anæsthesia from rupture of some cerebral vessel. She had never been hysterical.

A NEW EXPLORING NEEDLE.

M. Dieulafoy has had an exploring trocar constructed connected with an exhausting apparatus. The trocar is so delicate and long that it can be carried very deep into the tissues. The syringe, or exhausting apparatus, is supplied at its end with two short tubes armed with stop-cocks; one tube is continuous with the trocar, the other is horizontal, and will allow the fluid to escape. The latter can then be easily examined. The author thinks that this contrivance will prove very useful in all cases where the careful removal of fluid is indicated, and also where an injection of some irritating fluid is deemed advisable.

DYSTOCIA FROM SYPHILITIC INDURATION OF CERVIX.

Dr. Putégnat mentions five cases of this kind where large and indurated ulcerations of the cervix were the cause of difficult parturition (*Journ. de Brux.*, vol. 47). All the confinements were premature. The first case necessitated incision of the os and turning; but the mother sank, after a child, evidently dead for some time, had been extracted. In the four other cases the children all died from two to four days after birth; but the mothers recovered. With the latter, the parts yielded sufficiently, but the labour was protracted from the weak state of the patients, brought on by the exhausting effects of syphilis.

ROYAL SOCIETY.—The following members of the medical profession are candidates for election into the Royal Society at the annual meeting in June next:—Bernard E. Brodhurst, F.R.C.S.; Frank T. Buckland, M.A.; George W. Callender, F.R.C.S.; Frederick Le Gros Clark, F.R.C.S.; Alexander Fleming, M.D.; Edward H. Greenhow, M.D.; Edmund T. Higgins, M.R.C.S.; James Jago, M.D.; George Johnson, M.D.; M. K. King, M.D.; Maxwell T. Masters, M.D.; Thomas Nunneley, F.R.C.S.; Edward L. Ormerod, M.D.; William O. Priestley, M.D.; Charles B. Radcliffe, M.D.; William H. Ransom, M.D.; John Shortt, M.D.; George C. Wallich, M.D.; A. T. H. Waters, M.D.; Samuel Wilks, M.D.; and John Wood, F.R.C.S.

THE LANCET.

LONDON: SATURDAY, APRIL 16, 1870.

THE Bill for the Amendment of the Medical Acts introduced by Lord DE GREY into the House of Lords on Friday, the 8th inst., has the look of a Bill framed to please all parties and likely to please none. We have all along hoped that the Government, under the able guidance of the Medical Officer of the Privy Council, would appreciate the present opportunity for amending the Act of 1858 in a way that would give some promise of permanence to the organisation of the profession. The Act of 1858 is a very young one, and the Medical Council which it created has neither age nor prescription nor popularity to justify it in expecting exemption from criticism and from change. The profession has been greatly agitated on the subject of medical reform, and has displayed a unanimity which is not common. Moreover, Parliament has been treated at various times to expositions of the imperfection of our examining system which are discrediting to the whole profession. The Privy Council itself had expressed, in no ambiguous terms, its own dissatisfaction with the present system of rival examining boards. Even the Medical Council has declared in favour of a conjunction of licensing boards. Every circumstance of the occasion seemed favourable, and nobody was surprised when the Government intimated its intention of dealing with the question.

Now let us inquire how far the Government Bill is likely to meet the hopes which have been raised. Before doing so we may venture to question the accuracy of a statement attributed in the newspaper reports to Lord DE GREY, to the effect that the insertion of a person's name on the Register on the strength of a single qualification entitles that person to practise in both branches of the profession. We do not so understand the existing law. The person so registered is only legally empowered to practise according to the nature of his qualification. He would have no legal status in a county court for medical services, if his qualification were a surgical one, and *vice versâ*. But now let us see what the Bill proposes to do.

It proposes to give to the present licensing bodies power to propose to the General Medical Council a scheme for the constitution of the Boards of Examiners,—for there is to be a Board in each division of the kingdom. The present licensing bodies are to have this high duty devolved upon them in consideration of the services they have rendered to the profession. If these bodies fail to agree amongst themselves, or do not exercise the power which the Bill gives them, then the power of constituting the Examining Board will devolve upon the General Medical Council. In either case the composition of the Board must have the confirmation of the Privy Council. The Bill gives to the Privy Council not only a power of confirmation and modification as regards the constitution of the Boards, but a similar power as regards the regulations of the course of study, and the mode of conducting examinations. Those who have doggedly opposed the scheme which we have all along advocated, of devolving the appointment of the examining board or boards on a small Medical Council, appointed half by the profession and half by the Government, may now judge how far they have been wise. Instead of the Medical Council having full powers to determine on modes of education and examination, it will, according to this Bill, have to work subject to the approval and criticism of the Privy Council; which means, no doubt, the approval and criticism of the medical adviser of the Privy Council. At present this is not so very objectionable an arrangement, for that officer is conspicuously able to advise on such matters; but it may not be always so. And we protest against a Medical Council with incomplete powers and subject to any Government department. Already there are six Crown nominees in the Medical Council. It is true they are altogether overpowered by the representatives of the examining bodies. That is a reason for altering the constitution of the Council. Would anyone have believed, prior to the appearance of this Bill, that any Government, professing to deal fully with the question of medical reform, would leave the Medical Council precisely as it is. Every memorial on the subject, and every medical society, including the Medical Reform Union and the British Medical Association, and a large public meeting of the profession the other day in Manchester, have made a principal point of the constitution of the Medical Council in which there is no representation of the profession excepting through the corporations. At the Manchester meeting it was resolved that the Medical Council should be reformed, so as to more fully represent the profession. Yet here is a Medical Bill, greatly abridging the duties of many of the licensing corporations, and yet leaving them in full power in the Medical Council, and entirely ignoring the claims of the profession at large. The corporations must be powerful indeed if they can continue the present constitution of the Council.

The principal good that will be accomplished by this Bill will be the substitution of three Examining Boards for nineteen, together with the fact that the operations of these three Boards will be brought into harmony by the supervision and control of a superior and independent authority. But a diminution in the number of Examining Boards was a reform already in progress by the action of the corporations themselves; and the superior authority provided is not that which we should have desired to see appointed for the purpose. The Bill is, in fact, a compromise. It leaves the boards made up of or by the nineteen corporations, and makes both them and the Council subject to the independent influence of Government. Such boards will still look to be mainly supported by the licensing system, which we maintain to be bad for them, bad for the profession, bad for the public, and highly unjust to candidates. It is both inevitable and desirable that Government should have some representation in the Medical Council. But we object to it having the right of modification, or any power out of and apart from the Council; and we are amazed at the courage of any Government offering a Bill of Medical Reform, and making not the slightest change in the com-

position of the Medical Council—not even venturing to provide that the representatives of medical corporations in the Medical Council shall be elected by the members and licentiates jointly with the council of such corporations.

PROFESSOR TYNDALL has favoured the public, through the columns of the *Times*, with some further enlightenment on the Theory of Disease. While, perhaps, justly assigning narrow limits to our present knowledge of medicine and surgery, he encourages pathologists with the expression of his hope that we shall do better for the future. We may now look forward to a "healthy growth" of our information, by the gradual introduction of the "exact method of reasoning and experiment which are used in physics and chemistry." He admonishes us not to fail to detach from the domain of vagueness and uncertainty every fragment of demonstrated truth, and in order that we may clearly see and understand how this has to be done, he gives an example—not a new one, indeed, but the old one in another form, which we had the advantage of reading about, if not hearing, some weeks ago, when Dr. TYNDALL gave his celebrated Dust Lecture at the Royal Institution. In short, he gives us a specimen of what he is pleased to call a *physical demonstration*, which is as follows:—

1. When expired air, and more particularly the air which is expelled towards the end of a forcible expiration, the whole of which may be supposed to have previously occupied the alveoli, is poured across what Dr. TYNDALL calls the dust track of a sunbeam, or of the electric lamp, it exhibits no trace of cloud or floating matter.

2. The presence of air in the pleura, if exclusively due to injury of the lungs, never produces putrefaction of the pleural contents. If introduced from the outside, by a wound, it always does so.

3. "The germs removed by the process of filtration are, therefore, the cause of the putrefaction, and its associated phenomena of animalcule life, which was to be demonstrated."

Such is the argument, stated as nearly as possible in Dr. TYNDALL'S own words. Now we say that, if this is "physical demonstration," the less we have of it in medicine and surgery the better for ourselves and the public. Let us see how much it is worth.

We do not propose to call in question either of Dr. TYNDALL'S facts, because for the moment we have to do, not with the facts, but with the use he makes of them. Our object is to enable our readers to form an opinion as to the value of the "exact methods of reasoning and experiment" which are so emphatically recommended to us. His observation as to the visible purity of expired air affords a remarkable and very striking demonstration of the views commonly taught by physiologists as to the purpose of the ciliated epithelium of the smaller bronchial tubes, which, from their structure, must clearly constitute a filtering apparatus of infinitely greater delicacy and efficiency than cotton-wool. The second statement is derived from Prof. LISTER, and he is answerable for it. Let us for the moment assume it to be true. It is not the facts, we repeat, we have to do with, but the "therefore" and the ridiculous *q. e. d.* which follows it. Dr. TYNDALL has thrown his argument into a form which has a certain outside resemblance to a syllogism. In reality it is only an induction—an inference from two experiments, which, from the confident tone of his conclusion, he no doubt supposes to be crucial.

Bearing in mind that Professor TYNDALL is now teaching us exactness in reasoning and experiment by example, let us carefully consider his method. The two experimental results which form his basis are these:—(*a*) air filtered through the lungs produces no putrefaction in the pleura; (*b*) air not so filtered does. If it had been possible to add to "*b*" the words "under the same conditions," the experiments would have been crucial and convincing, the accuracy of his facts being, of course, admitted. As it is, they are worthless, for almost all the physical conditions to which the air is subjected in the two cases are different. Air contained in a pleural cavity "communicating with the exterior by a permanently open wound penetrating from without," is more or less completely changed at each respiration. Consequently its temperature is, under ordinary circumstances, considerably lower than that of the body, while the pressure to which it is subject varies from moment to moment, being greater in expiration, and less in inspiration, than that of the atmosphere. In the other case, there being, as a rule, no alternate expulsion and inhalation of air, the temperature in the pleural cavity is much higher, and the pressure (as has been ascertained by often repeated experiments) is always superior to that which exists outside. If the reader will consider in how remarkable a manner the development of the simplest forms of life is influenced both by pressure and temperature, he will be quite willing to admit that we have not under-estimated the worth of an experiment in which both these conditions are disregarded.

Hitherto we have not said a word either for or against the so-called germ theory. We are able to state, however, that at the present moment this question of the relation of organic forms to the production of disease is undergoing investigation, by persons more competent than Dr. TYNDALL, and by methods more exact than those which he exemplifies in his letter on filtered air. But we cannot leave the subject without protesting against the bad habit in which he indulges of speaking of things which are in their essence vague and uncertain as if they were "demonstrated truth." Dr. TYNDALL is a public teacher, and his teaching exercises at the present moment a deservedly great influence on public thought. It is, therefore, of "capital importance" that he should not either mislead his disciples, or weaken his own influence by expressing too confident opinions about questions with which he is not conversant. He speaks of the germs, or, as he chooses to call them, animalcules, as if they really existed; so that it is necessary to remind our readers that no such things have as yet been seen—that, to the naturalist, they are as purely imaginary as the sea serpent.

Such vague notions as can be reasonably entertained as to the relation of germs to putrefaction are derived from the observation of putrescible liquids under the highest powers of the microscope, at the very commencement of the putrefactive process. It is now admitted by all observers that such liquids always contain minute bodies

of well-defined spheroidal form, not more than a twenty-thousandth of an inch in diameter. These bodies, which, from the changes of form they undergo, are evidently related to the fungi, are by some regarded as the causes of the putrefactive process; while others, more cautious, are contented with supposing that the organic development and the chemical transformation are collateral phenomena. Unfortunately for the germ theory, these spheroids are never found in the air. Modes of investigating organic dust more delicate than that devised by Dr. TYNDALL have been known to physiologists for a dozen years at least; so that it is no exaggeration to say that hundreds of practised eyes, aided by the best instruments, have been on the watch for germs ever since that period; but no one has been able to define their forms or characters. In making these comments we have purposely avoided referring directly to the doctrine of spontaneous generation, and will content ourselves with one closing remark on that subject. Those who are best acquainted with the most recent researches know that, notwithstanding the adverse decision of the French Academy, the protests of orthodox men of science of every class, and the "physical demonstrations" of Dr. TYNDALL, the doctrine of heterogeny is daily gaining ground among those who prefer working to talking—observing to speculating; so that there is not now a physiologist of any reputation who would venture to express his disbelief in the possibility of the equivocal origin of organic forms, while there are many who are quite convinced that it does not occur. Under these circumstances it is lamentable that an eminent public teacher, when speaking on a subject of which he can know next to nothing, should place his opinion in opposition to that entertained by all those who are most capable of judging.

A VOLUMINOUS correspondence has been going on for some months in our columns regarding Queen's College, Galway. It commenced by a communication from Mr. A. S. MELVILLE, a scholar of the College and a student of the Medical School. Mr. MELVILLE made several charges, the more important of them (and those with which we are more immediately concerned) relating to the character of the clinical instruction afforded to students of the Medical College. It will be remembered that several of his statements were most precise in character, and the specified defects alleged by him to be well known; that he wrote in apparent frankness, and always in his own name; and that he left Galway for Edinburgh, in consequence, as he affirmed, of the inadequate nature of the medical education afforded at the former place. His statements were in several respects corroborated by those of others. In a published letter addressed to the President of Queen's College, Galway, Mr. M. F. WARD, for instance, in tendering the resignation of his post as Demonstrator of Anatomy, took occasion substantially to endorse the truth of the charges brought against the Medical School, declaring that no one connected with it could safely contradict them. On the other hand, this party did not, of course, have it all their own way; their assertions were met with contradictions, and it became wellnigh impossible to form any definite conclusion on the matters in dispute.

As our readers know, Mr. MELVILLE was rusticated for three years and deprived of his certificate by the Council of the College. He appealed to the Visitors of the University; and their judgment, as pronounced by the Vice-Chancellor, ratifies the decision of the Council; but, considering the sentence a severe one, the Visitors have shortened the period of rustication to one year. The Vice-Chancellor thought three years, in the case of a medical student, for a mere breach of College discipline, too much. In commenting on the severity of the original sentence, we declared that it was not more severe than Mr. MELVILLE deserved, if the statements made by him had been really proved to have been as wilfully false as they were asserted to be. The College authorities must, however, be the best judges of what constitutes a mere breach of College discipline. It is the truth or otherwise of the charges made by Mr. MELVILLE in regard to the clinical teaching that now more especially interests us. Speaking generally, he urged that this was utterly insufficient, and he adduced the published opinion of a former examiner in the University in support of the view that the Medical School of Galway had been *ab initio* a mistake. He declared—we are now quoting from his first letter to us—that clinical lectures had for years been delivered by a professor who had no hospital and no cases to show his students. As regards the County Infirmary, the Workhouse Hospital, and the Fever Hospital, Mr. MELVILLE, in various letters, alleged that the attendance of Dr. BROWNE at the first had been most irregular, and that its doors could be closed to students as they had been to him; and with regard to the second, he inferred that the class of cases was not adapted for clinical teaching. Against the Fever Hospital he made no charge. The practical outcome of it all, when divested of everything that could be considered personal or objectionable in expression, amounted to this—that in the character of the hospitals, in the class of the patients, and in the nature and number of the clinical lectures, the Galway School was not calculated to meet the requirements of a medical education, or the reasonable expectations of those who had paid to procure it.

No hospital has at any time, it appears, been connected with, and under the control of, Queen's College. Whatever arrangements exist for affording hospital instruction to the students have been of a purely voluntary character on the part of the several medical officers of the different institutions. The College authorities urged on the Government the necessity for establishing the means of hospital instruction in connexion with, and under the control of, the College; but in vain. The medical officers can open or close the door of the County Hospital to the students. Dr. BROWNE availed himself of this power in the case of Mr. MELVILLE, in consequence of some alleged rudeness or discourtesy on the part of that gentleman. This, of course, he had a perfect right to do on such a ground. Dr. BROWNE, moreover, either contradicts the charge of irregularity of attendance, or gives reasons for its occasional interruption. We ought, however, to say that, according to the copy of a declaration made by Dr. J. W. MARTIN before a magistrate for Co. Waterford, in our possession, it is affirmed that when Dr. MARTIN was a medical graduate of Queen's Univer-

sity in 1864–65, he ceased going to the County Infirmary on account of the great irregularity in the attendance of Dr. BROWNE. Dr. MARTIN, like Mr. MELVILLE, subsequently went to Edinburgh.

On one point there is abundant evidence that Mr. MELVILLE'S statements were perfectly correct; for Dr. DOHERTY himself tells us that he had no means of giving practical instruction in midwifery—the subject which he teaches from his chair,—and that for the last five or six years he has been giving clinical lectures altogether apart from bedside teaching. The statement he has laid before the Visitors strikes us, we confess, as a very extraordinary one. He tells us that at the time of the establishment of the medical school a very Hibernian arrangement existed, by which Dr. CROKER KING and he succeeded in coming to a private understanding with Dr. VEITCH, then in charge of the County Infirmary, by which the latter gentleman received half the fees payable by students for hospital and clinical instruction, and continued to enjoy the salary and perquisites of his office of county surgeon, while the former attended the patients, and did his duty! Dr. DOHERTY'S idea of what constitutes clinical teaching is peculiar. According to his own account, his aim has been to place before the mind's eye of his pupils those appropriate examples which he could not, objectively, present before the real organs of sight, and to concentrate attention upon a particular principle, a particular disease, or a particular line of treatment, with such comments as would be of practical utility in the actual discharge of professional duties. He likewise taught them "what to observe at the bedside," without having any beds to which to take them; "how to conduct a physical examination of a patient," without having any patient to show them. However much Dr. DOHERTY may "dissent from the idea which," as he truly says, "seems to be at the root of the charge brought against him—that a clinical lecture must have for its basis a case under *immediate* observation only,"—he can scarcely expect to find students or medical men regarding such instruction as this *bonâ fide* clinical instruction. The student might purchase and study TROUSSEAU'S or TODD'S Clinical Lectures at less cost and trouble, and certainly with the same advantage to himself. Still the College may say that Dr. DOHERTY is only associated with the other professors engaged in clinical teaching who do possess that basis which alone makes it really valuable and practical—hospital cases.

The opinion of the gentlemen sent down by the Visitors to examine into the condition of the medical school, and to inquire into the facilities for clinical teaching enjoyed by the several hospitals in connexion therewith, is decidedly favourable on both these heads. They are men of professional eminence, and their opinion will necessarily carry all the weight to which it is entitled. It is in no captious or carping spirit that we feel compelled, however, to make a few remarks on their published report. In the first place, it details much that we do not want to know, and omits much that we do. It has been alleged that a very observable change has ensued since the publication of Mr. MELVILLE'S charges; it is therefore within the range of possibility that they found everything "swept and garnished." Then, although we are informed that several hours were devoted to the inquiry, we are not told what were the cases actually under treatment at the time the complaints were made, nor the attendance of the medical officers or students at hospital, nor the number and nature of the clinical lectures, operations, &c., or the number of students attending these; nor are we given any of their statements or observations as to these matters. Practically, little or no supervision is exercised—no returns of the clinical lectures, or of the number of students attending them or the hospital practice, having ever been furnished to the Council of the College. The Infirmary is said to have contained a number of cases in an eminent degree suited for clinical instruction—"so much so that we both felt that, did but its arrangements permit of the admission into its wards of *acute medical cases* [the italics are our own], including fevers, nothing more would be wished for in a clinical hospital, so far as efficient means for teaching a medico-chirurgical class of students would require." The absence of cases of this nature would be regarded as strange in an institution so characterised; and we can only hope, for the sake of the student, that these were to be found in the Poorhouse Infirmary. The Fever Hospital appears to be a satisfactory institution for teaching purposes, although it would seem that the *average* number of patients for the last twelve months was under *eight*.

To conclude, however. That the investigation was an impartial one there may be little doubt; but that it was thorough or adequate is not so clear. Mr. MELVILLE ought, in our opinion, to have produced his witnesses. He laid himself open to censure and punishment, no doubt, by the grave imputations he cast upon the integrity of the professors, and by the publication of them when an investigation by the Visitors was pending. Although he may have been wrong in not having first appealed to the Council, we can readily understand the motives which led him to abstain from doing so. We can only conclude that, if the materials for practical instruction were good, they were not effectively utilised, and that the arrangements for connecting the hospital practice with the Medical College are not yet by any means so perfect as they might be.

OUR observations upon the state of Epsom College have brought to us a large number of letters from various persons interested in the institution. We are assured, not only that the Head Master is greatly overworked, but also that his recommendations have been systematically neglected. It is said that he is called upon personally to teach all manner of things to boys big and little; so that his power of general supervision and direction is improperly curtailed. It is said that his reports to the Council for some years past contain frequent reference to the unsatisfactory state of the College, and suggestions for its improvement; and that all these suggestions have been set aside. One highly important point has been specifically mentioned—namely, that the Head Master has not the power of removing a badly conducted boy from the school. Now this power, of all others, is the one which should be absolutely in the Master's hands. Instances may often occur in which it would be impossible to fix upon a boy any specific offence

to justify expulsion; but in which a careful observer may perceive that the whole influence of his life upon his schoolfellows is pernicious. Nothing more facilitated ARNOLD's work at Rugby than the decision with which he got rid of such leaven as this; and we do not hesitate to say that the Council, if they have compelled Dr. THORNTON to retain it, have acted with singular unwisdom. Indeed, we cannot imagine that the Council can ever interfere with, much less absolutely thwart, the Head Master, without doing a large amount of mischief. It is the business of the Council to select the best Head Master they can obtain, to give him full authority, to leave him unfettered in the performance of a work which it is his business to understand, and then to look to him for results. If they depart from this simple course, evil must necessarily ensue. A Council, composed of men of different shades of feeling and opinion, has neither the personality nor the promptitude that is required for governing a school; and cannot do other than break down in the attempt. Of this there can scarcely be a better proof than the fact that the Council are about to inquire into their own conduct, and to sit in judgment upon themselves. They, or some of them, met for this purpose on Wednesday last; and called the Head Master either to their counsels or to their bar. It is not by such proceedings as these that the public anxiety will be set at rest; and the only inquiry that can be really useful must be conducted by independent and unprejudiced persons. The Council contains one member, who has probably not taken a very active part in their proceedings, whose knowledge of education and of educational systems and difficulties is complete, and whose name carries weight wherever it is heard. We refer to the Rev. Professor MAURICE. We believe that Professor MAURICE and Dr. THORNTON would be in perfect accord with regard both to the evils and to the remedies required for them; and that they might together draw up a report to the Visitor—the Bishop of WINCHESTER—of a kind that would exhaust the matter. To request a member of Council to confer singly with the Head Master, and to join with him in a letter to the Visitor, would seem to be less formidable than the initiation of the inquiry we suggested last week; and it would certainly be more efficacious than the present pretence of an investigation. Our confidence in the latter is, naturally, not increased by the fact that we have vainly sought admission to the place where it is being carried on; and we are therefore compelled to seek the truth from such other sources as may be open to us. We purpose to return to the subject on an early occasion, and to set the evils and the remedy clearly before the profession.

WE must join in the general praise of the principal proposals of the Chancellor of the Exchequer in his masterly statement on Monday night. It is refreshing, after years of depression, bad trade, and sickening pauperism, to hear of an ample national revenue, exceeding, for the past year, the estimate by £1,819,000; and to know that the nett disposable surplus for the coming year will be no less than £4,297,000. Opinion is wonderfully unanimous as to the wisdom and fairness of the way in which Mr. LOWE proposes to use this magnificent sum for the relief of different classes of taxpayers. There are a few persons who think that the whole relief should have been given to that large portion of the community whose bliss it is to be spared from direct taxation. We are heartily glad that this class has been chiefly considered, and that sugar will be cheapened for its special benefit by something like a halfpenny in the pound. In other words, £2,350,000 of the surplus will be spent in reducing the sugar duties. Mr. LOWE's physiology was very decided. He declared that sugar was not a stimulant, but in the highest degree nutritious. Some exception might be taken to these views of the action of sugar. Chemists of LIEBIG's school might question the nutritious virtue of sugar, and those who have studied the dietetics of childhood and boyhood most deeply will be ready to credit sugar with almost a stimulating power. But without going into any refined questions in physiology, the cheapening of sugar is a real palpable blessing that will be felt at every meal of the day, as well as at many an odd time, by every man, woman, and child in the kingdom. This operation is a worthy development of the legislation which took the duty off corn. Sugar is not only food in itself, but it can make other food sweeter and more palatable; and its larger introduction into diet will be a most sensible pleasure to all persons, both healthy and sick. But gratified as we are at the reduction of the sugar duty, we are equally so at the reduction of the Income tax. We congratulate the members of our profession on this feature of the Budget. Unlike that happy member of Parliament who put a question to the Chancellor of the Exchequer, showing that he did not know the amount of the tax, the hardly worked practitioner knows too well the figure of it, and the bearing of any reduction of it on his modest income. It is a shallow political philosophy that does not relieve the rate-and-tax-paying citizen as well as the mere consumer of food. We concur in Mr. LOWE's principle, happily suggested by Dr. CARPENTER's deep-sea researches, that the pressure and pain of taxation should be minimised by being equally distributed. Two other proposals of the Chancellor of the Exchequer have our approval: the intention to carry newspapers below six ounces for one halfpenny; and the imposition of a licence on the carrying of firearms.

THE President of the College of Surgeons has fixed Friday next, the 22nd April, at 3 P.M., for the adjourned meeting of the Fellows and Members of the College, "to discuss and consider the present position of the College with respect to probable legislation and the formation of a single examining board for each division of the United Kingdom." It will be remembered that at the last meeting a resolution was carried—"That in the opinion of this meeting it is highly desirable that a single examining board should be established in each division of the United Kingdom as the sole portal of professional practice, means being taken to secure uniformity of examinations and equality of fees." A second resolution—"That in the opinion of this meeting the establishment and regulation of the single examining and licensing board should not be left in the hands of existing medical corporations"—was under discussion when Mr. HOLMES moved the adjournment of the debate, and he is therefore entitled, in strict accordance with parliamentary usage, to open the discussion on the next occasion.

We shall be curious to hear what argument the defenders of the corporations will bring forward in support of these tottering edifices. The idea that the resolution in question is aimed at the very existence of the College of Surgeons is so self-evidently absurd that it only requires to recall attention to Mr. NUNNELEY'S speech to dispose of the matter at once. It is not proposed to do away with either the membership or the fellowship, nor is it proposed to put the museum up to auction or to close the library. It is proposed to assist, so far as may lie in the power of the meeting, in the formation of a single examining and licensing board which shall guard the portals to practice, hitherto so disgracefully kept by the legally appointed janitors; and to leave open to those who thus receive a licence to practise the option—the necessity in reality—of joining one of the corporations afterwards, as a means of showing the public that they aim at higher things than a mere official stamp.

Medical Annotations.

"*Ne quid nimis.*"

THE INCREASE OF INSANITY.

THE *Pall Mall Gazette* has brought together from various sources some alarming figures about the increase of insanity, and quotes no less an authority than Dr. Martin Duncan, F.R.S., in support of the statement that "the cures of the insane in our fine asylums are not more numerous than they were from 1748 to 1814, when the treatment of the insane was a disgrace to humanity"; that "our social state is producing year after year an increasing amount of insanity more than ever difficult of cure," and that "there is no denying or explaining away the rapid accumulation of the insane in all parts of the kingdom." Apparently on its own authority, our contemporary states further that "the increase of lunacy is not to be found among educated men, but is to be traced almost wholly to the pauper class." In proof of this, it is alleged that in the five years ending January 1, 1867, the increase of private patients in asylums was thirty-six, while the increase of pauper lunatics during the same period was 5049.

We confess at once to a very considerable participation in the distrust with which the late Sir Robert Peel was accustomed to regard both facts and figures, and we suspect that the approaching census will scatter to the winds a vast number of the most ingenious cobwebs that have been spun by statisticians since 1801. But still there can be no doubt that the national position with regard to the question of lunacy is not what it should be; and if the numbering of the people should in any way confirm the statement that there has not only been a vast increase in lunacy, but a vast increase traceable to a particular class, the strong case for inquiry that exists at present would be almost immeasurably strengthened. The noble President of the Lunacy Commission might with great propriety bring his personal and parliamentary influence to bear upon the promotion of such an inquiry; and, in order to make it useful, it should embrace not only some social, but many scientific, questions. We are in no way surprised at the statement that our large asylums do not promote the recovery of the inmates. We say "recovery" advisedly; for we do not, under the present system, believe in the possibility of numerous cures. We have expressed again and again our conviction that the separation of the practitioners in lunacy from the general body of the profession is disastrous in every respect; and that the duties of superintendents are such as to push into the background their functions as medical men. There can be no reason why a medical man should not superintend an asylum; but there is every reason why the medical treatment of a large number of lunatics should not devolve upon an otherwise overworked superintendent. The evils, positive and negative, that spring from the present system are great and undeniable; and, if they are also increasing, it is high time that a remedy for them should be sought. A properly constituted Royal Commission, to inquire into the state and increase of insanity in England, and into the provision that is made for its prevention, or for its skilful and successful treatment, would probably bring to light facts of national concern. Mr. Hutchinson once described the case of a girl suffering from pemphigus, who was admitted into a great London hospital, "and received there every attention that humanity, unaided by science, could suggest." Except that it would sometimes be necessary to speak guardedly about the humanity, we fear the treatment of the inmates of our great asylums might often be described in somewhat similar language.

THE HOPE SCHOLARSHIPS.

THE Senatus Academicus have approved Professor Crum Brown's decision in withholding from Miss Pechey the scholarship to which her place in the prize-list appeared to entitle her. As the case is one which has evoked a good deal of comment, and may again occur at other universities, besides that of Edinburgh, where women are allowed to study medicine, we think it right to put our readers in full possession of the facts. At the commencement of last session, Professor Crum Brown, with the sanction of the University, enrolled six females, five of whom were medical students, giving them class-tickets similar to those given to the men, and numbered consecutively with them. The ladies attended at a separate hour, and in a separate class-room from the men—the lectures and the illustrative experiments being in both cases identical. The examinations were conducted simultaneously in the two class-rooms, Professor Crum Brown intimating beforehand that the names of the competitors would be read out in order of merit, irrespective of sex. Previous to the final examination, by which the Hope Scholarships are awarded to the four students standing first in the list, Professor Crum Brown, anticipating the possibility of a lady's being one of the four, referred to the minutes of the Senatus as to the award of the Hope Scholarships, and found that they were reserved for the "General Class of Chemistry," and not for such a "separate class" as had been formed for the ladies. Competition for the scholarships, in fact, was a privilege belonging to the "general class." The Professor warned the ladies to this effect, adding, however, that while the four scholarships would be adjudged exclusively to the men, he would give a prize of equal value to any lady who might be among the first four. On the announcement of Miss Pechey's name as one of these, objection was made by Miss Jex Blake to the course adopted by Professor Crum Brown, who withdrew his offer of a prize of ten guineas to Miss Pechey, on hearing that she had resolved to decline it. Appeal was then taken (as the ladies had previously been told they were at liberty to do) to the Senatus, who met on Saturday, the 9th, and confirmed Professor Crum Brown's decision. Further appeal, however, may yet be made to the University Court (which, it will be remembered, was opposed to the original scheme of admitting ladies to the medical classes); but it will be allowed, in the meantime, that Professor Crum

Brown's course throughout the whole matter was fair and open, and that his decision was not taken till after all the interests involved in it had been specially and impartially weighed. It was out of Professor Crum Brown's own good will that a class of ladies numbering no more than six was formed at all. It was from the same generous motive that he made their "separate class" similar in all respects but that of special privilege (as the competition for the Hope Scholarships undoubtedly is) to the "general class." As soon, moreover, as it appeared possible that one or more of them might win a place among the first four, he told them how the law—as he interpreted it—stood, and how the scholarships must necessarily be awarded to the members of the general class. To our minds there cannot be two opinions as to his decision, or that of the Senatus; and the ladies would be very ill advised indeed if they pressed the matter further, and claimed as a right what they could not possibly have even aspired to without much gratuitous and kindly concession.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

THE election at the College of Surgeons in July will be this year shorn of some of its interest, since, owing to the wonderful bye-laws of that institution, there will be but two vacancies in the Council. One of these is caused by the retirement of Mr. Swan last autumn, and the other by the retirement in rotation of Mr. Thomas Paget. The other retiring member would have been Mr. Cock, but as that gentleman is now President the laws provide that he shall survive for another year. Mr. Thomas Paget, it will be remembered, was the first instance of an election of a country Fellow, he having been returned in 1862 with Mr. Adams, who retired last year. As Mr. Paget has declined to undertake the duties of an examiner, and is not likely, therefore, to desire the office of vice-president and president, for which in seniority he stands next to Sir William Fergusson, we do not suppose that he will put himself forward for re-election to duties which at his age, and residing as he does at Leicester, must necessarily be somewhat overburdensome.

There will be apparently no lack of candidates for the vacancies. We are authorised to state that Mr. Henry Lee, who ran fourth last year with a fair amount of support, will again come forward, and the advanced views in medical politics which he put forth in these columns last year cannot fail to secure him his election. We have also to announce that Mr. Spencer Wells and Mr. Holmes Coote intend to put themselves forward as candidates. Mr. Wells occupies a peculiar position with respect to his standing, being the last of the batch of Fellows elected in August, 1844, and therefore senior to all the Fellows by examination. At the same time, as a Member he is junior to many of the examination Fellows, having joined the College in 1841; whereas Mr. Coote dates from 1838, and Mr. Lee from 1839. The piece of luck by which Mr. Wells became a Fellow without examination may, therefore, be considered of doubtful benefit to him, though it certainly cannot be objected that he did not present himself for any examinational test, seeing that such a course was not open at the time. We should like to have some distinct statement from Mr. Wells as to his opinions on College politics, since he has for the last few years dropped out of the medico-political world.

Mr. Coote is next in seniority as a Fellow to Mr. Holden, his junior colleague at St. Bartholomew's, and next above Mr. Lee, all three gentlemen having been in the first batch of Fellows by examination dating December 24th, 1844. Mr. Coote's position at St. Bartholomew's entitles his candidature to respect, but we are unaware that he has as yet expressed any views with regard to the interests of the profession.

We learn from the pages of a contemporary, whose knowledge is not always strictly accurate (*e.g.*, the statement that Mr. Erichsen is not a Fellow by examination), that Mr. Erasmus Wilson and Mr. Barnard Holt are coming forward on the next occasion. As this would be Mr. Wilson's fifth appearance in the arena, we hope that the statement respecting that gentleman is as devoid of foundation as the one respecting Mr. Holt, which we know to be entirely without authority.

TRAUMATIC TETANUS CURED BY CHLORAL.

M. VERNEUIL has presented a note to the French Académie des Sciences, by the hands of M. Wurtz, in which he observes that, experiment having established the fact that chloral is antagonistic in its action to strychnine, it might almost be anticipated that it would prove useful in tetanus. And this hope seems to be realised, for M. Liebreich has already reported a case of rapid recovery from trismus under its use. A second still more demonstrative instance is afforded by a case that has just occurred in the Lariboisière Hospital. The patient was a young and healthy mason, who at the end of January crushed the extremity of the right radius with a stone. On the eighth day tetanus supervened, and quickly extended to the muscles of the face, jaws, neck, spine, abdomen, and lower limbs. The pain was intense and persistent. Subcutaneous injections of hydrochlorate of morphia, and the internal use of chloral, were simultaneously employed. The action of the latter was prompt and decisive, the contraction of the muscles diminishing, and the pain being allayed almost instantaneously, succeeded by long and profound sleep. The chloral being intermitted, the symptoms reappeared, to vanish again as soon as it was recommenced. A month elapsed before complete recovery took place. The daily doses amounted to from one drachm and a half to three drachms, administered in water. No derangement of the stomach was produced, and the patient was able to digest easily a very abundant dietary. A case of a similar nature is reported to be under the care of MM. Dubreuil, Lavaux, and Onimus.

SEAMEN'S HOSPITAL SOCIETY.

ARRANGEMENTS are now rapidly progressing for the removal of the denizens of the *Dreadnought* Hospital Ship to the infirmary of Greenwich Hospital. The authorities of the Seamen's Hospital Society have already taken formal possession of the building, and have placed one of their own medical officers in charge of the nineteen invalid pensioners who still remain in the Somerset ward. In accordance with a special clause of agreement between the Admiralty and the *Dreadnought* authorities, the latter have agreed to take charge of these old men at a certain rate per head, to be paid out of the funds of Greenwich Hospital. The Royal infirmary is lavishly furnished with all requisites for hospital administration. There is a splendid kitchen, bath-rooms that may almost be called luxuries, a dispensary and adjoining store-rooms that can hardly be surpassed in point of convenience in any British hospital, and an abundance of officers' quarters. The gas and water arrangements are equally complete. But the wards are very small, and, unless some structural changes are made, efficiency will be purchased at the cost of a very large nursing staff. Meanwhile there can be no doubt that our sick seamen will have a far more comfortable resting-place in the port of London

than heretofore; and if energy and industry be displayed by the officers of the institution, this hospital should take and maintain a very advanced position in the large list of metropolitan charities; for it must be remembered that, though located at Greenwich, the institution is essentially connected with, and derives its status from, the city and port of London. The Committee of the Society have appointed Mr. S. Kemball Cook, their very able and energetic secretary, to be house-governor; but no change has occurred in the medical staff. The patients of the Seamen's Hospital Society were transferred from the *Dreadnought* to the Royal Infirmary, Greenwich, on Wednesday last, and the new home for our sick seamen of the mercantile marine is now fairly established.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A PAPER by Mr. Gant, on excision of the larger joints, illustrated by numerous drawings, pieces of bone, and, more vividly and agreeably still, by several cured patients, was read at the meeting of this Society on Tuesday evening. It called forth an appreciative and instructive discussion, in which Mr. Solly, Mr. Partridge, Mr. John Wood, Mr. Barwell, and Mr. Holmes took part; and which, on the motion of Mr. Callender, seconded by Mr. Barwell, was adjourned to the next meeting of the Society. We shall reserve our account of the general features of the debate until after its conclusion.

The motion for adjournment having been carried, the meeting was made special, for the purpose of confirming the resolutions, agreed to at a former meeting and already recorded, with regard to the suggested formation of a Royal Society of Medicine. The secretaries were then empowered to communicate these resolutions to the other societies concerned.

MAD DOCTORS.

THE paper by Dr. Sankey, on rib-fracture in asylums, to which we have already called the attention of our readers, appears to have been followed by a discussion among the audience before which it was read. We were not at the time rendered cognisant of this discussion; in which we were somewhat roughly handled by the assembled mad doctors. "The president" (and we fear that the president was none other than Dr. Lockhart Robertson) was terribly severe. He "should imagine," we read, that THE LANCET article on the Treatment of Lunatics "was written by some rejected candidate for the superintendentship of one of the county asylums"; and he could assure the writer that "the county justices were not likely to be guided in the selection of their chief medical officer by the advice of THE LANCET writers." May we suggest that a gentleman whose imagination is so vivid might, with advantage, strive to bring it under the control of other and more sober faculties. As for the country justices, we have no doubt that Dr. Lockhart Robertson knows more about them than we do; and that he may be correct in his estimate of the degree of reasonableness to be expected at their hands. For our own part, we expected nothing; and we only pointed out what were the results that had followed the policy pursued by these gentlemen in times past. They have made mad doctoring a close specialty; and, scientifically regarded, it has not flourished with any particular vigour. Our suggestions for its reform are just so much seed—from which no present crop must be expected—but which will take root even in the minds of country justices, and will bring forth fruit in due season. Sooner or later, the public will learn that a close specialty is essentially quackish; and that its followers can seldom or never promote the advancement of science.

In the meanwhile the discussion has done good, and we have no doubt that its immediate result will be to produce increased vigilance in asylums, and possibly the engagement of a better class of persons as attendants. We have received from the Derby County Asylum a book of rules drawn up for the guidance of the attendants, and lately reprinted. The rules are excellent; and, if they were followed out in letter and in spirit, an asylum would become a sort of earthly paradise. Their practical value is that they at least serve to maintain a high ideal of good work. But these good rules contain a latent snare. Like safe chloroform inhalers, they are apt to induce carelessness on the part of those who trust to them. The most beautiful rules form only a poor substitute for the master's supervision; and even Sir Boyle Roche's bird could hardly supervise a modern asylum.

CONSUMPTIVES AND THE AUSTRALIAN CLIMATE.

THE recent death from consumption, in Melbourne, of Mr. E. Denison, a member of the House of Commons, who had gone to Australia in the hope of arresting his malady, has, according to the *Age*, resuscitated the interest felt by the profession and the more educated portion of the public in Australia, as to the custom of sending consumptive patients thither from England, in expectation of recovery. It is affirmed that injustice is done to the patients and to the climate of the country by those medical advisers in England who keep phthisical cases at home until they become hopeless, and then have recourse to the practice of sending them a tedious voyage across the world, with the impression that the change may effect a cure. The *Age* says that almost every consumptive patient who goes to Australia dies after a short residence in the country. The consumption death-rate of Victoria at the present time is the same as that of England; that of Melbourne is much higher than London, explained by the fact that consumptives in the last stages of disease flock to the colony. In the Melbourne Hospital between 40 and 50 per cent. of the deaths are due to consumption. The lesson that our Australian *confrères* would wish to teach us is, that "any person in an advanced stage of phthisis only hastens the progress of the disease and the speedy arrival of his death, by coming to a warm, dry, stimulating climate like that of Melbourne." To obtain benefit he should go early, and lead an open-air life, and avoid a sedentary occupation. To act on any other supposition is to do injustice to the public and to the healthiest climate in the world. We have felt it a duty to call attention to the complaint of our Australian brethren. If well founded it will not be disregarded by the profession at home, who will only be too ready to profit by the experience which it will elicit on the question. We suspect, however, that the profession in England has for some time been fully alive to the necessity of sea voyages and changes of climate in the very earliest stages of phthisis, and that the patient and the friends are mostly to blame in the matter.

"JUSTINA" ON THE CONTAGIOUS DISEASES ACT.

THE correspondent of the *Pall Mall Gazette*, who, under the signature of "Justina," has lately been opposing the extension of the Contagious Diseases Act of 1866 to the civil population of this country, has fallen into an error regarding the relative prevalence of venereal diseases in the British and French armies, which a better acquaintance with the subject under discussion would have rendered impossible. A similar mistake made last year by one of our contemporaries, in a review of the medical statistics of the

French army for 1866, was pointed out by Mr. Berkeley Hill. So that "Justina" can hardly have been so thoroughly acquainted with the literature of the subject as the dogmatism of style apparent in her contribution might lead the uninstructed to suppose. The error in the premises on which the conclusion of "Justina" is founded, lies in the assumption that, in the returns of the French army, the term "*malades vénériens*" refers only to the subjects of syphilis in its constitutional forms; whereas in reality it includes all those suffering from every form of venereal affection, corresponding with the term 'enthetic diseases" as employed in the statistical returns of the British army.

With this explanation in view, on a comparison of the returns of our own army for 1862 with those of the French for the same year, we find that in the former the number "constantly sick in hospital with venereal was 1739, or 22·24 per 1000 of mean strength." (p. 12.) Whereas in the latter, which is also now before us, we find that in France the number of days passed in hospital, in the regimental infirmaries, and *à la chambre*, by *malades vénériens*—thereby including every case of venereal disease in the French army, and many of them more than once, as the same man may appear under each class—was 1,039,466 (Tableaux Synoptiques, p. 53); which gives a daily average constantly sick of 2848, being in the proportion of 11·11 per 1000 of the mean strength for the year. (The mean strength of the French army during 1862 was 256,322.) So far, therefore, from the proportion of men constantly sick from this class of diseases in the British army being a little less than that in the French, it was actually a little more than double; or, reversing "Justina's" own argument, we may state that the facts seem to demonstrate that the number of admissions of British soldiers for treatment on account of those diseases was, during the year 1862, at least double that of French soldiers on the same account. We also believe that what was true respecting the relative prevalence of venereal diseases in the two armies for 1862, has remained true for each subsequent year; and, therefore, that part of "Justina's" argument against the extension of the Contagious Diseases Act in this country, which is founded on the above error, falls to the ground.

SCOTTISH INSTITUTION FOR IMBECILES.

THE Ninth Annual Report of the Scottish National Institution for the Education of Imbecile Children at Larbert was read at a meeting lately held in the Royal Hotel at Edinburgh, under the presidency of the Lord Provost. The institution makes substantial progress from year to year, and its success is of more than provincial import, as proving what can be done throughout the kingdom generally for the rescue and relief of the mentally afflicted young. Her Majesty the Queen has always taken the warmest interest in it, and in the autumn of last year vouchsafed it the handsome donation of £100. Excellent as are the results of the treatment and training pursued within its walls, under the able superintendence of Mr. Addison and his lady coadjutors, it is possible to conceive a much wider extension of the blessings it confers under a more general and liberal patronage. After enumerating the little patients of both sexes, who at present amount to sixty-five, and dwelling on their satisfactory condition in health, in acquired intelligence, and in industrial proficiency, Mr. Addison points out the apathy induced in the public by expecting too much, and being consequently disappointed. Scotland, the *arida nutrix* that she is, aspires too much to be a *nutrix leonum*; is dissatisfied with any but a high intellectual result, and is apt to leave every young unfortunate to his fate who cannot be brought up to this standard. But in England and America, where expectation is not so exacting, the imbecile young are trained to industrial employments, which, though of small account from the pedant's point of view, yet enables the proficient to live with satisfaction to himself and his friends, and even in some cases to be self-supporting. Even where industrial handicrafts have been found impossible of acquisition, the imbecile child has been made cleanly, orderly, good-tempered, and capable of being rationally amused if not profitably set to work. Is this nothing? Are not the promptings of true charity and genuine religion more than gratified by the awaking of mental light, of pure sentiment, and the feeling of responsibility in young brains that in a few years would have lapsed beyond the educator's control, and had their blankness stereotyped, so to speak? It is well to make the standard of proficiency in all kinds of education as high as may be; but it is worse than narrow-minded, it is inhumane and disingenuous, to seek in the impossibility of reaching an ideal stage of intellectual and moral development an excuse for shirking the duty of trying what education can do. Scotland prides herself on her aspirations after Wisdom. Let her see to it that, like Wisdom, she is justified of all her children!

THE METROPOLITAN BOUNDARIES.

WHILE the question of the better government of the metropolis is under the consideration of Parliament, can nothing be done for the rectification of the metropolitan boundaries? While on the south-east the metropolitan area includes Eltham, Lee, Woolwich, and Plumstead, in the east a limit is abruptly drawn at the river Lea and Bow Creek, and the dense population which has grown up on the further bank of the stream and creek, in Stratford, West Ham, and Plaistow, is divorced from its natural connexion. Now, for sanitary purposes there is no doubt that this is a great evil. The population of the district we have named is topographically part and parcel of East London. In all that concerns the spreading diseases this population must be dealt with as one with the East London population. It is an anomaly as absurd as vexatious that the mortality returns of the district should not be included in the Registrar-General's Weekly Returns, and it is to be hoped that, if it may not be included in the metropolitan area, it may at least be included in the Weekly Bills of Mortality.

Map-makers, at least, are not necessarily trammeled with municipal or parliamentary boundaries; and the map-makers of London would do excellent public service by including all Stratford, West Ham, and Plaistow within the maps of the metropolis. The new town growing about the Victoria Docks, a principal seat of cholera in the epidemic of 1866, is an unknown land to outsiders.

AN AUSTRALIAN JURY.

AT Deloraine, near Launceston, Australia, a man was tried for murdering a young woman under the following circumstances. He had been paying his addresses to her, but suspected that his attachment was not reciprocated; and having invited her to accompany him on a short walk in the evening, he returned home without her, bearing some scratches on his face. On search being made, she was found near a place where they had last been seen, quite dead, but still warm, revealing no signs of external violence, but evidently having died from asphyxia. Dr. Rock, a medical practitioner residing at Deloraine, gave remarkably clear evidence at the trial as to the perfect possibility of her having been suffocated in one of two ways—either by compressing the arm tightly round the neck, or by pressure

put upon the chest, while the nostrils and mouth were forcibly occluded. On post-mortem examination he found all the symptoms of death by asphyxia—the brain and its membranes deeply engorged with dark venous blood, all the air-passages filled with frothy mucus, tinged with blood; the right chambers of the heart distended with the same, while the left were quite empty. The girl was not unhealthy, but far from robust, and rather anæmic; all the organs whose disease might have induced sudden death being particularly sound. No medical evidence was advanced to rebut or modify that of Dr. Rock; while the judge, in charging the jury, observed that the proof of the prisoner's jealousy was very strong, and his explanation of the manner in which he came by the scratches on his face by no means satisfactory. The jury retired at a quarter to three P.M.; but, on being summoned by the judge to appear at ten minutes to ten, stated that they could not agree as to the verdict. They were then put under the surveillance of two police-constables in the Court House Hotel, and the Court rose at a quarter past ten. When the last mail left, the verdict was still undecided, although the medical evidence and the speech of the Attorney-General were about as significant as we ever remember to have read. At the throne of Zeus, says Hesiod, Dikè weeps whenever the earthly judge decides wrongly. Certainly this Australian jury have shown an excessive anxiety to spare the goddess her tears!

THE INDIAN MEDICAL SERVICE.

OFFICERS of Her Majesty's Indian Medical Service will not be sorry to perceive that their claims to the consideration of the Government, in the matter of regimental pay and the new furlough regulations, were brought before the House of Commons by Sir Thomas Bazley, on the 7th inst. It will be seen that Mr. Grant Duff has instituted inquiries into the subject, and referred to the Indian Government for information thereon. Medical officers ought, unquestionably, to be entitled to all the advantages which other officers receive from these regulations. We have frequently expressed our opinion as to the injustice of the distinction at present made, and we hope we may soon have to congratulate medical officers on its removal.

We regret to add that there is a rumour abroad to the effect that the Indian Government propose, on grounds of economy, to abolish the grade of deputy inspector-general of hospitals in the Indian Medical Service. We trust, however, that no such scheme will be carried out, as it would be regarded as an instance of breach of faith with the department, besides being, in our opinion, prejudicial to the interests of the service in general.

SECTION OF VEINS FOR VARIX.

THIS operation, which is still held by some surgeons to be fraught with danger, though it is almost daily practised apparently with impunity by others, has lately been made the subject of experimental inquiry on animals by Dr. Minkewitsch. His object was chiefly to ascertain whether, when a portion of vein had been absolutely excised, it underwent regeneration. He freely exposed the jugular or femoral veins in dogs, sometimes operating on several in the same animal, occluded them with two iron-wire ligatures at a distance of half an inch or so, and excised the intermediate portion. The ligatures in some instances healed up with the wound; whilst in others they were thrown off with suppuration. None of the dogs died, giving tolerably strong evidence of the little danger that attends surgical interference in healthy veins; but after the lapse of a variable space of time, extending in one instance to three years, they were killed. The result of the post-mortem examination has convinced M. Minkewitsch that, in opposition to the statements made by von Langenbeck and Velpeau, regeneration of an excised portion of vein never occurs. In all instances the circulation was effected through collateral and widely-dilated venous channels. Some of them were so distended and large, and withal occupied a position in such close contiguity to the excised vein, that the author thinks a mistake might easily arise. In all his cases, however, the two cæcal extremities of the injured vein could be demonstrated, and between these two nothing in the form of a canal was perceptible.

VACCINATION IN SCOTLAND.

THE Fifth Annual Report of the Registrar-General for Scotland, on the progress of Vaccination in that division of the kingdom, and having reference to the children born in 1868, has just come to hand. The success of the Scottish Vaccination Act is said, with truth, to be "nearly as complete as any legislative enactment could effect," for a fraction over 88 per cent. of the children born every year are successfully vaccinated; while of the remainder, 8 per cent. die before the vaccination period, and not more than 2½ per cent. escape being accounted for altogether. So that, practically, 96 per cent. of the surviving children are successfully vaccinated every year, less than 1 per cent. being found insusceptible of vaccination. Dr. Stark says that he has hitherto refrained from attributing the noted decline of small-pox in Scotland to the successful working of the Vaccination Act, lest, after all, it should prove that the decline arose from the past years being those when small-pox would of itself have been in abeyance. But inasmuch as for a period of five years there has been no epidemic of small-pox, and as at no former time has the mortality from small-pox been so low, it seems only reasonable to infer that the satisfactory result has been produced as a consequence of the Act's operation.

POISONING BY MISTAKE.

AN inmate of the Islington Workhouse having been recently poisoned by taking embrocation instead of medicine, the guardians have ordered that a distinctive bottle, of an oval shape, should be used in future, with the word "poison" placed upon it in raised letters. We would embrace the opportunity of calling the attention of Dr. Bridges to this important subject, and to the necessity of issuing rules as to the prescribing and dispensing of medicines in workhouses. Boards of Guardians cannot be supposed to be very deeply versed in such matters; and we believe that they would be ready to adopt proper regulations, if drawn up by Dr. Bridges, and issued under the authority of the Poor-law Board. The question of the contract for supplying drugs ought also to be properly regulated. The guardians will probably be tempted to accept the lowest tenders, and, as they have no means of testing the quality of the articles supplied, it is pretty certain that adulteration will be practised.

PHARMACY IN AMERICA.

BY the Report of the "Proceedings of the American Pharmaceutical Association," in the session of 1869, we find that the desire to regulate the practice of pharmacy in the New World by legislation is decidedly advancing. A draft of a proposed law for this purpose was framed by a Committee, and presented to the Association for approval, in September last, which, after considerable discussion, was adopted. We gather from the discussion that a similar law is proposed for enactment in Canada; and, in closing the de-

bate, Dr. Squibb described them both as having been modeled on the English law, embodying the main points thereof as far as they were adapted for use in the different countries. The Pharmaceutical Society of Great Britain may fairly regard this adoption as a well-merited compliment to their Act of 1868.

SIR JAMES SIMPSON, BART.

THE profession will have heard with extreme regret of the illness of Sir J. Simpson. From the accounts which reached us in the first instance, we were led to anticipate that his condition might be referable to overwork. Sir James had been suffering for some little time from rheumatism, for which he had been taking bromide of potassium. About a month ago he was rather suddenly seized with symptoms which were at first ascribed to the effects of chloral, a large dose of which he had taken to overcome sleeplessness; but there is every reason to believe his attack to have been of the nature of angina, as of late there have been increasing indications of cardiac disease. Professor Simpson has been confined to his room since his illness, and his condition naturally awakens great anxiety on the part of his medical advisers. The medical and scientific world, no less than the large number of those who have benefited by his advice, will heartily sympathise with him, and share with his attendants the hope that the labours of so distinguished and energetic a man may be spared to the public and the profession.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of this Association will be held at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, on Wednesday, April 27th, at half-past 7 P.M. precisely, when important matters relating to the establishment of dispensaries in the metropolis, provincial medical relief, and Mr. Brady's Bill for the Superannuation of Poor-law Medical Officers, will be brought before the meeting for consideration. As the subjects to be discussed will be found to be unusually interesting, it is hoped the profession will attend in large numbers.

SYME TESTIMONIAL.

THE subscriptions to found a fellowship in the Edinburgh University now amount to nearly £1600. Considerable additions to this sum are still expected from India and the Colonies; but it is feared that there will be some difficulty in raising the sum originally contemplated—viz., £2500—unless increased exertions are made by the many members of the profession who have profited by Mr. Syme's surgical teaching. The subscribers of the above sum number only 575—but a small fraction of the many former pupils of Mr. Syme, who are now practising in every part of the world. It is very desirable that the fellowship should be instituted during Mr. Syme's lifetime. To ensure this, the hon. secretary, Dr. Murchison, 79, Wimpole-street, London, will be glad to receive notice of fresh subscriptions, and will also be obliged by those who have already subscribed forwarding their subscriptions to him, in order that the money may be invested.

THE CONVICT RUTTERFORD.

WHATEVER opinion may be entertained as to the justice of the reprieve of this murderer, there is no doubt that there are physical reasons against his being hanged. Dr. Macnab, the surgeon to the gaol at Bury St. Edmunds, informs us that, when a mere child, Rutterford sustained a severe burn; and that, in consequence, the chin and face generally are drawn down upon the sternum by several dense, unyielding cicatricial bands, which completely obliterate the angle of the neck, under the chin. The symphysis menti cannot even be felt without using very considerable pressure, embedded as it is in a mass of fibrous cicatrix; while the constricting force required before any rope could be so adjusted as to sustain the weight of the prisoner's body would be little short of partial strangulation. Rutterford's facial appearance is, as may be supposed, very peculiar,—the nose being the only prominence in front. Under these circumstances it were idle, in our opinion, to dispute the course adopted by the Home Secretary.

THE "PECULIAR PEOPLE."

THE "Peculiar People" have turned up again; and we hear that the children of four of their body have lately died in Essex for want of medical attendance in sickness. The father of one of these children has been convicted at the Orsett Petty Sessions of having neglected to provide medical aid; and was discharged under a promise to come up for judgment when called upon. Except as a characteristic decision of the Great Unpaid, we can hardly understand this absence of sentence. The man being convicted, his offence must have been considered proved; and its serious character is sufficiently shown by the fact that death resulted from it. It is surely no answer to the law to say that the prisoner was enslaved by superstition. Peculiar People should be taught that in England they must either abstain from procreation, or fulfil their legal obligations towards their offspring; and that the protection of the law will not be withdrawn from the latter on account of the insanity or fanaticism of their parents. The tendency of the decision of the Orsett Justices is to render the life of every child in Essex less safe. We hope the new sect is not numerous, and that hence the evil may be confined within narrow limits.

ON Friday, the 18th inst., at the meeting of the Committee of Management of the London Fever Hospital, a very handsome timepiece was presented to Chas. Murchison, M.D., the honorary physician and late physician to the charity. The inscription ran as follows:—

"Presented by the Committee of the London Fever Hospital to Charles Murchison, M.D., F.R.S., on his retirement from the position of senior physician to the hospital, in testimony of their high appreciation of the distinguished services rendered by him to the institution, during a period of fourteen years. April 8th, 1870."

There was a large attendance, the chair being occupied by the treasurer, J. C. Dimsdale, Esq., in the absence of the president, the Earl of Devon, from whom a letter was read, signifying his regret at being prevented, by Parliamentary duties, from attending, and his hearty concurrence with the objects of the meeting.

AT the Comitia Majora of the College of Physicians, held on Monday last, Sir James Alderson was re-elected President. On the occasion of the first vote there appeared for Sir James Alderson 38 votes, and for Dr. Burrows 22. We understand that it is not improbable that the second voting would have reversed this result; but Dr. Burrows himself deprecated interference with Sir James's election. It is much to be regretted that the apathy of the general body of Fellows permits the very undesirable precedent of repeated re-election of the same person as President.

DR. HEAD performed Cæsarean section at the London Hospital, on Tuesday, on a woman the subject of extreme rotation of the pelvis, and sacral exostosis, who was at

the eighth month of pregnancy. Up to the time of our going to press the patient was doing well. The child, though vigorous when born, lived only four hours.

HER Most Gracious Majesty the Queen, as a further mark of her sympathy with the National Hospital for Consumption at Ventnor, has forwarded a donation of one hundred guineas to the funds. It will be remembered that in July last Her Majesty deputed Her Royal Highness the Princess Louise to lay, on her behalf, the foundation-stone of the second pair of buildings.

THE inhabitants of Richmond (on Thames) are in perplexity about their sewage. A Special Committee of the vestry has reported against irrigation, and in favour of the A B C process of purification. But Dr. R. Hassall and Dr. Warwick pointed out that the Thames Conservancy would be unlikely to sanction that method of disposal; and so an appeal to the Conservators and the Home Secretary was resolved upon to relieve the vestry of its dilemma.

MR. CHRISTOPHER HEATH will bring before the Pathological Society on Tuesday next the preparation of aneurism from the patient on whom he tied the subclavian and carotid arteries in 1865, and who survived the operation four years.

THE Liverpool Workhouse Committee has had under investigation a charge of neglect of duty preferred against Messrs. Kirkpatrick and Packman, two of the workhouse medical officers. The following resolution expresses the conclusion arrived at:—"That, in the opinion of this Committee, the medical attendance on No. 11 ward has not been satisfactory; and they consider that, for the future, the ward, so long as it shall be necessary to keep it open on its present footing, should be visited not less than twice a week."

THE Guardians of St. Matthew's, Bethnal-green, have just entered into a contract for building an additional wing to the workhouse infirmary, at a cost of £1950.

IT is stated that there is a progressive decline both in the number and severity of small-pox cases in High Wycombe.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. RISDON BENNETT'S LUMLEIAN LECTURES ON INTRATHORACIC CANCER.

LECTURE I.

ON the 1st inst. Dr. Bennett commenced his Lumleian lectures on Intrathoracic Cancer—a disease, he remarked, the clinical history of which was still imperfect. He founded his observations on thirty-nine cases, sixteen of which he had observed himself, and the other twenty-three were contained in the Transactions of the Pathological Society. Of the whole number, the left lung was affected principally in fourteen; the right in nine only. In the remainder both were equally affected, or the disease was confined to the mediastinum. Nineteen were females, and twenty males. The oldest was aged seventy-two, the youngest eleven; four were between twenty and thirty, eight between thirty and forty, three between forty and fifty, and eight between fifty and sixty.

Primary cancer, the lecturer observed, may originate in, or at least early implicate, any of the intrathoracic tissues, though it is rarer in some than in others. In secondary cancer there is less variety, the pleura being more often and earlier involved, and the signs of inflammatory action more prominent and earlier developed. The similarity to tubercular disease on the one hand, and bronchial irritation on the other, is very great; and the diagnosis, apart from the history, would often be impossible. Primary cancer is most frequently encephaloid, rarely scirrhus. It may occur in isolated nodules, pushing aside the surrounding tissues, and usually remaining for an indefinite time without exciting inflammation, or causing derangement of function. In this respect the difference from tubercle is considerable, but in other cases ulterior changes may simulate closely those of tuberculous disease. The cancer may break down, and small vomicæ result. True ulceration is rare, but destruction of lung tissue and gangrene are less rare; and occasionally diffused growths may undergo disintegration and contraction at the centre, so as closely to resemble obsolescent tubercle. In some cases small cancerous masses are distributed throughout the lungs with more or less analogy to disseminated tubercle, and minute deposits of this kind are not unfrequent in association with some other forms. This "miliary cancer" is sometimes deposited as minute granules scattered through all the tissues of the body, and characterised by symptoms of true febrile disturbance, such as are met with in acute general tuberculosis. A well-marked example of this was related, the subject being a girl of fifteen, patient of Dr. Bennett's; and another instance has been recorded in the Pathological Transactions by Dr. Hilton Fagge. In most respects, tubercle contrasts with cancer rather than presents any affinity with it; the mode of development and growth are totally different, and there is nothing to show that cancer has any affinity for one part of the lung rather than another. Co-existence of cancer and tubercle is very rare, and a simple coincidence. An instance was reported by Dr. Quain, in vol. 3 of the Pathological Transactions.

The bronchial tubes, though often implicated in the progress of cancer originating elsewhere, are rarely, if ever, the original seat of the disease; but it would appear that the bronchial tubes, as in a case of Dr. Moxon's, may be the channels by which the cancer-germs are transmitted to distant parts of the lungs. In one case quoted, scirrhus, secondary to cancer of the stomach, implicated chiefly the bronchial tubes and the surrounding tissue, and was associated with cancer of the pleura in the form of small whitish, circular patches, some raised in the centre, some extending into the tissue of the lung. In one case of cancer of the bronchi, recorded by Dr. Peacock, fibrinous casts were coughed up, which were found, on examination, to be cancerous in nature. Mostly the expectoration, in all forms of the disease, is the ordinary frothy mucus, sometimes muco-purulent, sometimes tinged with blood. The "black-currant expectoration," on which so much stress has been laid, is very rare. Hæmorrhage of the ordinary kind is common, and hæmoptysis may be the first symptom of the disease.

SYNOPSIS OF THE PROPOSED GOVERNMENT MEDICAL BILL.

1. That the Act be construed as one with the Medical Acts of 1858, 1859, 1860, 1862, and 1868, and with the College of Physicians Act of 1860, and gives short title to the Act.
2. Defines certain terms in the Act.
3. Directs that after a certain date, to be fixed, persons shall not be registered under the Medical Act unless licensed to practise both medicine and surgery under the new Act.
4. Medical Examining Boards to be appointed in each of the three kingdoms by a scheme to be confirmed by the Privy Council.
5. Medical authorities may, before Oct. 1st, 1870, submit schemes for the establishment of Examining Boards to the Medical Council, who may amend and submit the same to the Privy Council.
6. If the Examining Boards are not established on Jan. 31st, 1871, the Medical Council to prepare and submit a scheme to the Privy Council.
7. The Privy Council to give notice of schemes proposed, to receive and consider objections sent in within one month, and confirm a scheme either with or without modification, after notifying to the medical authorities any modifications proposed.
8. Schemes may be amended from time to time.

9. Scheme to provide for constitution of Boards, the powers and duties, mode of proceeding, the fees and their applications, the date of commencement of examinations, and the duration of the schemes.

10. Medical Council to prepare, from time to time, rules for regulating examinations under the Act.

11. Privy Council to give notice of examination rules, and to receive and consider objections to such rules, and to confirm such rules with or without modification.

12. Medical Examining Boards to conduct examinations according to scheme and rules; and if the Privy Council makes an order to the effect that any examination does not confer a title to be registered, such order shall dissolve such Board.

13. Examining Boards to grant licences to practise both medicine and surgery, and persons so licensed to be called licentiates, and to be registered.

14. Examining Boards, directly after examinations, to transmit to the Registrars of their respective Branch Medical Councils certified lists of licentiates.

15. Limits the fees to be paid, and provides that persons admitted to examinations must prepay the fees, which, in event of candidates not passing, are to be repaid.

16. Directs that persons obtaining higher titles, &c., subsequent to original registration, may have the same registered on payment of fee; and the Medical Council may draw up a list of titles, &c., which may be registered.

17. Provides for the erasure of names from the Register in certain cases, and directs the mode of proceeding which shall be adopted.

18. None of the medical authorities to grant any qualification in Schedule A to the Medical Act after date fixed from commencement of examinations, except to persons registered or qualified under the Medical Act.

19. After date fixed for commencement of examinations, none of the medical authorities to grant any title of licentiate.

20. Any medical authority may, without fee or examination, confer the lowest degree or membership on licentiates under the Act. And if such authorities receive a portion of any surplus of fees for the purposes of a museum, library, or lectureship, such authority shall, if required by a scheme, grant admission free, and without examination, and such degree may be registered.

21. Provides for the registration of persons possessing colonial or foreign degrees.

22. Renders liable to a penalty of £20 any unregistered person who practises medicine or surgery for gain, and who assumes certain titles; and General and Branch Councils may take proceedings, but not a private person, unless with the consent of the said Councils. Veterinary surgeons and other treaters of animals are exempt from the operation of this clause.

23. Persons not to be registered unless qualified to practise both medicine and surgery.

24. Persons not wholly qualified under the Act may be admitted to examination under the Act, on such special terms as may be provided.

25. The degree of Bachelor of Surgery to be deemed one of the qualifications of Schedule A to the Medical Act.

26. All schemes and examination rules at the expiration of three months shall be deemed to have been duly made, and their validity shall not be questioned at law.

27. Notices and documents may be in writing or in print, or partly in writing and partly in print.

28. The fees payable in pursuance of any scheme to be paid to the treasurer of the Branch Council, and by him applied as directed in the scheme.

29. Directs what form of register shall be used.

30. Enacts that the action of majorities of medical authorities shall have the same effect as the action of the whole body.

31. Repeals certain Acts and sections.

MEDICAL REFORM.

A VERY enthusiastic meeting of the medical profession of Manchester and the district was held a few days ago in the Town Hall, King-street, to consider the question of medical reform, and the desirableness of memorialising Government on the subject. Sir J. L. Bardsley presided, and there was a numerous attendance.

The CHAIRMAN said he had much pleasure in complying with the request of the Medico-Ethical Association, who had initiated that meeting, to take the chair. The especial object for which they were called together was to approve of a memorial to Government in favour of an amendment of the laws relating to the practice of medicine and surgery. An experience of nearly twelve years had indisputably proved that the Medical Act of 1858 had entirely failed in its professed objects. After the most careful inquiry into the whole subject, the Committee of the Society had embodied their views in a series of resolutions which would be submitted for consideration.

Dr. J. OGDEN FLETCHER proposed—"That, in the opinion of this meeting, it is desirable that, for the future, entrance to the medical profession shall be by one sole portal of examination, uniform in the three divisions of the United Kingdom, and that this examination shall entitle to registration and right to practise."

Dr. NOBLE seconded the resolution.

Mr. S. M. BRADLEY supported the resolution, remarking that when once they got a central licensing board there would be greater ease in prosecuting unqualified and quack practitioners.

The resolution was adopted.

Dr. W. ROBERTS proposed a resolution affirming the desirableness of medical examiners being appointed by the State and Medical Council conjointly.

Dr. RANSOME seconded, and Dr. THORBURN supported the resolution.

An amendment was moved by Mr. BRADLEY to the effect that the examiners should be appointed by the General Medical Council only.

The amendment was seconded by Mr. G. SOUTHAM, and carried by a majority of 53 to 38.

Dr. THORBURN proposed—"That, in order that the General Medical Council may have the full confidence of the profession and the public, the general body of practitioners should be directly represented therein."

The resolution was seconded by Dr. MORGAN, supported by Dr. T. C. DAVIES, and adopted.

Dr. ROBERTS suggested that in order to secure unanimity it would be advisable to omit altogether the second resolution. This was the most important meeting of medical gentlemen that had been held in Manchester, and the resolutions would have much greater weight if passed unanimously.

Dr. NOBLE and Mr. BRADLEY said it would be desirable, if possible, to omit both the resolution and amendment, and the meeting decided to adopt that course.

Mr. J. WALSH proposed—"That the present Medical Act entirely fails to carry out the intentions of its preamble, namely, that 'it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.'"

Mr. J. HUTCHINSON seconded the resolution, which was agreed to.

Dr. BORCHARDT proposed the next resolution—"That, for the purpose of protection, it is desirable that all unregistered persons, who for objects of gain make any assumption which a magistrate or jury consider as implying that they are qualified practitioners, shall be amenable to penalties, and that the General Medical Council shall be required to employ a prosecutor in such cases.

Mr. I. FRANKLIN seconded the resolution, which was passed.

On the motion of Dr. LLOYD ROBERTS, seconded by Mr. J. WILSON, it was resolved that a copy of the resolutions should be forwarded to the Lord President of the Privy Council.

The meeting terminated with a vote of thanks to the chairman.

THE ALLEGED LUNATIC IN FRANCE.—M. du Puyparlier, who escaped from Paris while the question of his sanity was being tried, has written from London to his friends, stating that he will place himself for two months under two distinguished alienists in England, and that, if they pronounce him sane, he will return to Paris and bring an action against the French medical men by whose certificate he was confined.

Correspondence.

"Audi alteram partem."

THE MEDICAL COUNCIL AND THE PROFESSION.

To the Editor of THE LANCET.

SIR,—I cannot allow your observations, appended to Dr. Paget's letter, on the manner in which the communication from the Medical Reform Union was received by the General Medical Council, to pass without a word of remonstrance. Nothing was further from my intention—and I am sure I can say the same for those who voted with me—than to show any disrespect to the memorialists. If you refer to the report of the discussion in THE LANCET, you will find the grounds on which I founded my motion distinctly, though very briefly, stated. On the same day on which the communication was read, a report was brought up by the Executive and Finance Committees on the best means of lessening the expenditure of the Council, in which, among other suggestions, "the Committees advise that the Council be vigilant in limiting, as far as possible, the quantity of documentary matter to be printed in the Minutes." It was solely with a view of carrying out this prudent advice that I moved, "That the Registrar be instructed to inform the memorialists that their communication has been received, and read to the Council." This was intended to give the memorialists a sufficient guarantee that their communication would receive due attention. I may add that I have often objected, for similar reasons, to the printing of documents with which I consider the Minutes are unnecessarily loaded.

I am, Sir, your obedient servant,

Glasgow, April 12th, 1870. J. G. FLEMING.

*** We willingly accept Dr. Fleming's explanation of his own personal intentions in the matter referred to. We must decline, however, to alter our opinion concerning the Council's treatment of a document signed by nearly 10,000 practitioners. It is gratifying to see some concern for economy springing up in the Council; but it is to be regretted that the Council should not act upon this feeling first in the case of its own lengthy reports, rather than in the case of a very rare and exceptional communication addressed to it by a number of gentlemen who were, for the time being, the exponents of the views and grievances of half the profession.—ED. L.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I beg to inform you that my case of Puerperal Mania, treated by the Hydrate of Chloral, and lately reported in THE LANCET, is progressing most satisfactorily, my patient being able to take daily out-door exercise, and to attend to light household duties. Acute attacks of mania recurred on several occasions after the case was published, but were almost instantly quelled, as formerly, by one or two doses of chloral. I have used upwards of fourteen ounces of chloral, in my practice, during the past four months, and, after mature deliberation, have arrived at the following conclusions regarding its therapeutic action and value as a remedial agent:—That it is quite safe if given with ordinary caution and judgment. My experience would suggest that from twenty-five to thirty grains is a sufficient dose to begin with in ordinary cases for hypnotic purposes; that forty grains may be given in urgent cases at the very outset, but that larger doses ought not to be used until the smaller ones have been fairly tried, and have failed. In such cases, I am of opinion that the patient who resists a drachm dose may be said, for all safe and practical purposes, to be insusceptible to its action. That, as a very general rule, it is a pure and uncomplicated hypnotic and calmative, and, therefore, having no other contradictory effects, is not liable, like opium, to aggravate and excite where it was meant to soothe. That it does not occasion any of the disagreeable after-effects peculiar to opium, and that its continued use would not appear to exercise any injurious effects upon the system. That in all disturbed and diseased conditions of the mind and nervous centres, attended with mania, delirium, excitement, sleeplessness, convulsions, &c., chloral stands unrivalled as a certain, swift, safe, and powerful hypnotic and calmative. That in such cases small doses often produce rapid and decided effects. That it is rather uncertain when given as a hypnotic in aggravated neuralgia, and other forms of severe and persistent pain, and that even very large doses are frequently resisted under the above-mentioned circumstances. That it is, upon the whole, a valuable, although uncertain, addition to our anodyne remedies, generally acting as such in consequence of the sleep thereby induced outlasting the pain, and rendering the patient insensible to it. That in many cases, however, it acts directly as an anodyne, independent of its sleep-producing properties. That, when given in repeated small doses, it proves a valuable sedative in a great variety of cases, such as whooping-cough, spasmodic croup, asthma, irritating and exhaustive coughs, chorea, &c.

I now beg to call special attention to the two following important points connected with the therapeutic action of chloral, which have been repeatedly forced upon my notice:—1st. That chloral will almost instantly, as already indicated, induce sleep where the brain is functionally or organically disturbed, but acts with great uncertainty upon a sound brain where pain is the exciting cause of sleeplessness. 2nd. That in head affections where there is torpidity of the bowels and retention of urine, chloral does not, like opium, encourage this state of matters, but would seem, owing to some reflex action, whilst effectually overpowering undue nervous disturbance, to stimulate or assist the bladder and bowels to a more healthy action. In the case of puerperal mania already mentioned, this fact was so patent that I came to know, to a positive certainty, that, no matter how long the urine and alvine evacuations might be retained, she was certain to void the former freely, and frequently the latter, almost immediately after coming under its influence. This was a most fortunate circumstance, as the use of the catheter would, in such a case, have been a very difficult operation. The above fact has come under my observation quite as pointedly in other cases.

I remain, Sir, your most obedient servant,

HY. MAXWELL ADAMS,

Lanark, March 14th, 1870. Surgeon, 2nd Royal Lanark Militia.

To the Editor of THE LANCET.

SIR,—I am far from being partial towards new remedies, or prone to enlist amongst the enthusiastic; yet in the present instance I forego my usual antipathy, and take the liberty of addressing a few lines to you on the subject of the new hypnotic of Liebreich, as a palliative in the treatment of malignant disease, in the hope that others may be led to give it at least a trial, and perchance find it, as I have, to prove a boon to suffering humanity. It is needless to depict the horrors, which each one of us have repeatedly witnessed, experienced by those labouring under the effects of carcinomatous disease. I may briefly state, however, that lately a bad case of uterine scirrhus came under my observation in the person of an unmarried woman, aged fifty-two years. I could not ascertain decisively the duration of the disease, but most of those symptoms which constitute the cancerous cachexia were marked in the extreme: intense pain, thirst, colliquative diarrhœa, hectic, total sleeplessness, and headache. The countenance was, as usual, expressive of care, or rather of despair, and the skin presented that peculiar appearance which is one of the most characteristic signs of the cachexia which is produced by the pressure of heterologous growths of a malignant nature. The discharge was profuse, principally hæmorrhagic; but, strange to say, her appetite was ravenous, instead of the reverse, which is regarded as the general rule. This aberration from the ordinary condition is spoken of by Andral, Breschet, Bayle, and others. Opium in combination with iron, which has been strongly recommended, more especially by the late distinguished Mr. Carmichael,

checked the diarrhœa, and gave relief for a short period subsequent to each dose; but even throughout its administration a sound night's sleep was never procured, and each morning the poor patient seemed more debilitated than before from pain, restlessness, or complete insomnia, and discharge. Her pulse was small and wiry; tongue white, and slightly coated. Under these circumstances I prescribed thirty grains of the hydrate of chloral in a draught to be taken at bed-time; and found, on my visit the succeeding morning, that sleep had been induced about an hour after the imbibition of the draught, and continued for several hours. The patient herself told me that it was not like natural sleep, but that she had felt in a "half dreamy" condition, which was very agreeable. Her pulse was stronger and softer than previously. The following evening I omitted the draught, and another wretched night was the result. Again I repeated the chloral, but in a forty-grain dose, which gave sound and refreshing sleep very shortly after its administration, continuing the whole night, and causing ease from pain on the following day, diminution of discharge, and increased vital activity. After one other trial to dispense with the hypnotic, which only more fully proved its usefulness, I recommended its being continued in forty-grain doses, to be taken each night at bed-time.

As a therapeutic agent in cancer, I cannot but believe it to be preferable to any other known narcotic. Conium, first advocated by Störck, is considered by Marjolin and others to have an injurious effect on the digestive organs, and to be productive of headache; and, in like manner, I believe opium, although our great "sheet anchor," to fail in cases of cancer requiring its constant use, as increasing the loss of appetite, and giving rise to more intense cephalalgia and nervous prostration. The chloral hydrate, on the contrary, appears to leave no consequences other than the refreshing effects of a sound, continual, and placid sleep. Therefore, in the first place, I am inclined to regard the hydrate of chloral as the best palliative in cancer for alleviating pain; and secondly, I premise that the constitution, from its beneficial effects, may "hold out" longer against the ravages of the disease, in cases where surgical interference is impossible or inadvisable, and thereby afford a much greater chance of spontaneous cure, rare instances of which occur by the sloughing of the entire mass, as recorded by Sir Everard Home, Travers, Cline, Dupuytren, and others; or, as more rarely has happened, the diseased mass may ulcerate and cicatrise.

I am, Sir, your obedient servant,

South Molton, March 11th, 1870. FRANCIS E. CLARKE.

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—As the tide of medical reform has turned, and innovations, desirable in themselves, though greater than the most sanguine could have anticipated, are likely to follow close and fast, might I be allowed to point out some dangers that may possibly be anticipated?

First, as regards the State title as a licence for practice, is there not danger that, under this complete, uniform, and superior diploma, all kinds of quackery may find a more thorough protection and encouragement than at present? And from the very fact of this uniformity many may be tempted to assume a special school or class of practice, in order to catch the popular notoriety which generally accompanies such a proceeding; so that we shall be inundated with homœopaths, herbalists, eclectics, Coffinites, &c., all claiming, as the ground of public confidence, that they are sent forth under the one infallible Government test for efficiency to practise medicine and surgery in all its branches.

In the second place, as the profession is becoming rapidly convinced of the suicidal policy of gratuitous medical relief, and even the public is gradually discovering this most prolific source of the increase of pauperism and national degradation of character, it behoves general practitioners at large to be on their guard, lest they lose another very material point in their professional status,—I refer here to what is conventionally called "the needful." Everything now points to the provident system of medical relief superseding the indiscriminate charity of past times; but if the accompanying remuneration falls only into the hands of the present hospital officers, the great body of urban practitioners will be in a worse state than before; for not only will they be deprived of all professional *prestige*, by their more fortunate brethren holding public appointments, but also of all pecuniary remuneration. As it is, the money of the rich chiefly finds its way into the pockets of the hospital *élites*, and if they only are to receive the contributions of the provident, there will be very little left for outsiders. The remedy for this latter contingency appears to be the opening of all public institutions to the profession at large, according to the plan adopted at Plymouth and Eastbourne Dispensaries. This course by no means prevents the best men appearing, as heretofore, at the top of the tree, so that these need fear no injury. On the other hand, the profession generally would be greatly benefited by the change.

I am, Sir, your obedient servant,

April 9th, 1870. P. L.

THE EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—Having a son now at Epsom College, and having several friends whose sons are, or have been, students at that institution, I have watched with some anxiety the course which the Council would adopt to arrest the breakers which are beginning to beat against its walls. The Council have decided on an inquiry into the alleged grievances, by a committee of their own body! Of what value would such a report be?

I was glad, therefore, to read your excellent article in THE LANCET of last week; and now that you have taken the matter up, I have no fears for the result.

Let the Head Master's reports for the last ten years be read. Has his advice been acted on? Is it true that the Head Master teaches, besides classics, German, French, Italian, and Mathematics? and often gives extra time to boys who need help in special subjects?

I am, Sir, your obedient servant,

L. OWEN FOX, M.D., F.R.C.S.

Broughton, Winchester, April, 1870.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

M. TARDIEU AND THE MEDICAL STUDENTS OF PARIS; CLOSING OF THE SCHOOL OF MEDICINE.

IN one of my preceding letters I referred to the manifestations which had taken place at the School of Medicine in connexion with M. Tardieu's lectures, and the Professor's medico-legal evidence at the trial of Prince Pierre Bonaparte. These manifestations were repeated on March 30th and April 1st and 4th, when the Professor was prevented from delivering his lecture, and loudly condemned and hooted to the tune of "Resignation! Resignation! To the Senate, M. Tardieu!" M. Tardieu attempted to justify his evidence at the trial on scientific grounds, but this attempt was not accepted; and on each occasion the intervention of a certain portion of the auditory, or of the Dean in favour of the lecturer, was drowned amidst the general outcry. It had been reported that a certain number of individuals, entire strangers to the School of Medicine, had crept in among the students and fomented the agitation; and the alumni, in order to avoid any mistake with regard to the general opinion of their body, had attempted to take measures so as not to allow any but medical students to introduce themselves into the amphitheatre of the Faculty on M. Tardieu's lecturing days. These measures, however, were not seconded by the Faculty, and the demonstrations maintained the same character until the last day—namely, April 4th.

I observe that in the last number of THE LANCET you pass severe censure upon the Paris students for mixing politics with the study of medicine. In a general sense your remarks are most just and sensible; but, in justice to the medical alumni of this city, it must be said that they

do not entirely apply to these last manifestations. The students here make out their case otherwise. They say, in their defence, that they do not mean in the least to touch upon the *professor* proper, whose abilities as an orator and a teacher of forensic medicine, and whose services as a writer and as a cultivator of medico-legal jurisprudence, are of the highest order; but they mean to blame M. Tardieu as a medico-legal expert, to condemn him in the practice of his art. They say that they accuse the professor especially, in a scientific point of view, of having exceeded the bounds of strict medical evidence, not only at this trial, but at several preceding ones, and of having forcibly brought forward as axioms, with undeniable influence on the results of trials, personal views which were not yet founded in science, or were grounded only on hypotheses. M. Tardieu and his friends necessarily uphold the opposite opinion. At any rate my duty, as your correspondent, is to mention both sides of the case, and inform you of the real state of matters. There can be no doubt that the trial of Pierre Bonaparte has given a strong tinge of *political* rancour to the recent manifestations; but it has acted especially as causing an outbreak of a feeling which had been long lurking among the body of medical students. Be that as it may, demonstrations of this kind cannot but be strongly condemned; and it seems that there are a hundred other ways of expressing dissatisfaction or disappointment. They are, at the least, rude and ungentlemanly—compromise the best cause, and can be attended by no possible benefit or success.

The immediate and baneful result of this last agitation has been the closing of the Faculty, after a deliberate consultation of the Professors of the school. This has been condemned as a most ill-advised and sweeping measure by the majority of the medical press and the public; and, indeed, it injures the interests of a great number of students, who are thus arrested in the progress of their studies. It especially affects those who were on the point of graduating, and to whom this delay may be detrimental in the highest degree. Not only are all the lectures stopped, but until May 1st no examination will take place. In taking into account the necessary time for registering the names of candidates, and depositing fees, as is required here, this in reality will bring the students to May 15th before the examination work will recommence at the Faculty. It is obvious that the Professors might have adopted some milder and more reasonable means of retaliating upon the students, and the names of the few Professors who disapproved the step will become quite popular. The students have already addressed a memorial to the Minister of Public Instruction, praying that at least the examinations may be carried on during the time of quarantine set down by the Faculty.

ILLNESS OF PROFESSOR DOLBEAU.

It is with much regret that I mention the illness of Professor Dolbeau, surgeon to Beaujon Hospital, and one of the most enlightened and popular teachers of the Faculty, who is now suffering from a severe attack of diaphragmatic pleurisy. Though the Professor is surrounded by the best medical attendants, his condition somewhat alarms his friends.

Paris, April 11th, 1870.

Parliamentary Intelligence.

HOUSE OF LORDS.

APRIL 8TH.

MEDICAL REFORM.

Earl DE GREY and RIPON laid on the table a copy of a Bill, the object of which, he said, was to amend the existing law with regard to the registration of medical practitioners. Their lordships were aware that there were at present a considerable number of separate corporations and bodies having power to confer licences upon gentlemen desirous of entering the medical profession, and that these licences entitled the recipients to be placed on the Medical Register. In the three kingdoms there were no less than nineteen such bodies, and it was therefore not to be wondered at that there should be a material difference in the terms under which they admitted their licentiates, and in the nature of the examination to which those licentiates were subjected. Some of the bodies confined their examination to surgery, and others to medicine, while the fact of being placed on the Medical Register entitled the persons to be considered legal practitioners both in surgery and medicine. It was proposed in the Bill to substitute for these various modes of entering the medical profession a single examination board in each of the three kingdoms, and to effect uniformity in the character of the examinations. With that view it was proposed to give to the existing licensing bodies power to submit to the General Medical Council a scheme for the constitution of the new examining boards, but with this restriction, that if they did not exercise that power within the time mentioned in the Bill, the power would lapse to the General Medical Council, who should themselves propose a scheme. The scheme when prepared would have to be submitted to the Privy Council before coming into operation, and their sanction would also be required as regarded the rules and regulations to be made by the General Medical Council for the conduct of the examinations. There was no intention to interfere with the existing corporations with regard to their higher degrees. He had every reason to hope the measure would not be unacceptable to those bodies and to the public. He asked their lordships to read the Bill a first time, and he proposed to fix Monday, the 2nd of May, for the second reading.

HOUSE OF COMMONS.

APRIL 7TH.

REGIMENTAL SURGEONS IN INDIA.

Mr. GRANT DUFF, in answer to questions by Sir T. Bazley, said the reason why the additional or employed salary of regimental surgeons in the Indian army was comparatively small was because their unemployed salary had been recently raised, and was very liberal. With regard to the regimental surgeons being deprived of the pecuniary advantage of the new furlough regulations of 1868, the attention of the Government had been called to it, and they were now in communication with the Government of India thereon.

APRIL 12TH.

Mr. RAIKES postponed his motion relative to the grievances of the medical officers serving on the West Coast of Africa until after the recess.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on the 7th inst.:—

Henry E. Bridgman, Wm. Odell, Arthur L. Sober, Henry Gibbs, J. Clement Norman, Wm. Fairbank, and J. Selwyn Cowley, of St. Bartholomew's Hospital; C. H. Golding Bird, S. Elam, T. W. Jackson, A. C. James, Hugh R. Ker, G. H. Percival, Edmund Fyson, and Frank Wacher, of Guy's Hospital; F. H. Thompson and Boughton Addy, of St. Thomas's Hospital; Charles E. Baker, Alfred Bethell, and William J. H. Lush, of King's College; G. Gwynne Bird and Wm. T. Drew, of St. Mary's Hospital; J. A. Lycett, of the Middlesex Hospital; Augustus Winterbottom, of St. George's Hospital; Alfred Kebbell, of London Hospital; F. W. H. Popham, J. E. Richards, of University College.

Eight other candidates were examined, but failed to satisfy the Court of Examiners, and were referred for a period of three months to further anatomical and physiological study.

The following passed on the 11th inst.:—

E. L. Dutt, of Calcutta and University College; Wm. A. Brailey, Chas. H. Stone, and George Llewellyn, of Guy's Hospital; G. C. Roy, of Calcutta; Edward S. Frost, of Pennsylvania; Wm. H. Hepworth and Geo. Wilkins, of Toronto; Chas. D. B. Hall, of St. George's Hospital; John Lewtas and E. J. M. Phillips, of Liverpool; Chas. L. Smithard, Hugh P. J. Price, and Robert E. Hammond, of Manchester; E. Rouse, of Edinburgh; W. H. Woodburn and Lewis Evans, of Glasgow; Geo. W. Burn, R. E. W. Brewer, J. Adams, and W. A. Dunn, of St. Bartholomew's Hospital; Samuel Wilson, of Newcastle-upon-Tyne; H. J. Benham, Charles L. Taylor, Edward R. Spencer, and Arthur P. Turnell, of University College; F. G. M. Brittin and C. J. W. Stocker, of the London Hospital; Robert H. Woodhouse, of the Middlesex Hospital; and John H. Bouser, of St. Thomas's Hospital.

The following passed on the 12th inst.:—

Julius J. Eardley-Willmott, E. Godfray, C. F. F. Murrell, John D. Harris, and Gerald C. Parnell, of St. Bartholomew's Hospital; Edwd. C. Rogers, John G. Bowes, George W. Graham, Thomas Dawson, and Henry W. Stuart, of Guy's Hospital; Frederick P. Hansom and Mark B. Ryott, of

King's College; Arthur E. Davies, Leon M. Finzi, Wm. E. Jay, Alfred R. Lee, and W. B. Pilkington, of University College; Elijah H. Davies and George J. Scale, of the Middlesex Hospital; Chas. P. D. Chittenden, G. E. C. Jackson, Henry Parkhouse, and John W. Taylor, of Charing-cross Hospital; James G. Thrupp and W. W. Coltart, of St. George's Hospital; John H. Thomas, of the London Hospital; and Jas. Jackson, of St. Thomas's Hospital.

The pass examination for the diploma of Member of the College will commence on this day (Saturday).

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 7th:—

Cable, George Hughes, Poole, Dorset.
Gravel, David Lloyd, Ruthin, North Wales.
Harvey, Thomas, Stonehouse, Devon.
Perkins, Charles Edward Steel, Exeter.
Ray, William J. Richard, West-square, Southwark.
Roper, William Robert, Cambridge.

As Assistant in Compounding and Dispensing Medicines:—
Squire, Frank Robert, Horncastle.

The following gentlemen also on the same day passed their first professional examination:—
John Charles Atkinson, King's College; Thomas Henry Wagstaff, Middlesex Hospital; Edmund White, St. Mary's Hospital.

UNIVERSITY OF DUBLIN.—The first examination for women was held in this University last week, twenty-three candidates presenting themselves. The examiners were composed of the different Professors and Fellows of the College.

THERE were seventy-five candidates examined at the Royal College of Surgeons, Ireland, this week, for the "first half" of the surgical examination, being, we believe, the largest number on record.

WE understand that the Pharmaceutical Society have obtained permission to hold their conversazione this year in the Museum at South Kensington, and have determined to introduce—as a refining element—the ladies.

BRIGADE-SURGEON CORDY BURROWS, 1st Sussex Artillery Volunteers, will have charge of the medical arrangements at the Easter Monday Volunteer Review at Brighton.

THE American University of Philadelphia, desiring to recognise the value of Mr. Baxter Langley's "Via Medica" (copies of which had been presented to the libraries of the leading schools in the United States), has conferred upon him the honorary degree of LL.D.

THE SMALL-POX RIOTS.—On the 12th inst., in the county police-court at Maidenhead, the rioters at White Waltham were tried by the Berkshire magistrates. After the counsel for the prosecution and defence had been heard at considerable length, the chairman intimated that the Bench had decided to dismiss the case upon the evidence placed before them—a decision which was hailed with applause by the audience in the court.

CORONERSHIP OF WEST BERKS.—By the death of John Alexander, Esq., M.R.C.S. Eng., which occurred on the 13th inst., at his residence at Newbury, the post of Coroner to the Western Division of Berkshire is vacant. His son-in-law, Mr. Cowper, a solicitor at Newbury, who has for some years taken Mr. Alexander's place, will, it is thought, be elected unopposed. Is there no medical man in West Berks prepared to become a candidate, and keep the post (as it ought to be kept) in the hands of the profession?

BEQUESTS, DONATIONS, &c.—The Committee of the Durham County Hospital, in their annual report, acknowledge the receipt of the munificent legacy of £6000 under the will of the Dean of Durham, and state that the amount has been invested in Government Stock. Samuel Bailey, Esq., of Norbury, Sheffield, bequeathed £2000 to the Sheffield General Infirmary, and £1000 to the Sheffield Public Hospital and Dispensary. The St. Luke's Hospital annual report shows that £1000 reduced 3 per cents., bequeathed by W. Hollins, Esq., and £400, a portion of the bequest by Lord Henry Seymour, have been received. The Seamen's Hospital Society have received a second donation of £1000 from "S. R." The Jarrow Chemical Company have given £1000 to the Ingham Infirmary, North Shields.

MALPOSITION OF HEART.—M. Martin has recorded an instance in which the heart, after death, was situated on the right side of the sternum. The case was that of a child, aged nine years, who, during life, had suffered from irregularity of that organ.

Medical Appointments.

BAXTER, E. B., M.B., has been appointed Medical Registrar at King's College Hospital, vice R. S. Smith, M.D., appointed Assistant House-Surgeon at the Royal Infirmary, Bristol.

BUTLER, A., M.D., has been appointed Medical Officer for the South Hackney West District of the Hackney Union, vice Henry T. H. Mead, M.R.C.S.E., resigned.

FARREN, N., L.R.C.P.Ed., has been appointed Medical Attendant to the Clonmany and Rockstown Constabulary, vice John Barrett Kearney, L.K.Q.C.P.I., deceased.

HAWKINS, E. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Parish of Bow, in the Poplar Union, vice John Page Cooper, M.R.C.S.E., deceased.

HAWKSLEY, T., M.D., has been elected a Member of the Royal Institution of Great Britain.

HOGG, Mr. R. B., has been appointed Resident Surgeon and Apothecary at the Buckinghamshire General Infirmary, Aylesbury, vice J. A. Hedges, M.R.C.S.E., resigned.

MICKLE, W. J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Farnborough District of the Hartley Wintney Union, vice C. W. Hunt, L.F.P. & S. Glas., resigned.

MILLER, J. W., M.D., has been appointed Surgeon to the Prison, Dundee, vice A. Duncan, M.D., resigned.

MORGAN, M., M.D., has been appointed Medical Officer for the Central No. 2 District of the Neath Union, Glamorganshire.

O'KELLY, J., M.D., has been appointed Medical Attendant to the Mountbellew Constabulary, vice Thos. Wallscourt Blake Greaves, M.R.C.S.E., deceased.

PLOWMAN, R., L.R.C.P.L., has been appointed a Surgeon to the Coventry and Warwickshire Hospital, vice W. Laxon, M.D., deceased.

ROBERTSON, J., L.D.S.R.C.S., F.L.S., Dental Surgeon to St. Bartholomew's Hospital, Chatham, has been appointed Dental Surgeon to the Rochester, Chatham, and Strood Dispensary, vice J. Cox Smith, deceased.

RUTHERFORD, S., M.D., has been appointed Medical Officer for District No. 4 of the Petworth Union, Sussex.

SANDFORD, F. V., F.R.C.S.Ed., has been appointed Medical Officer in Ordinary to the St. Marylebone Provident Dispensary, Duke-street, Portland-place, vice H. T. Mapleson, M.R.C.S.E., resigned.

SMYTHE, R., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Abergavenny District of the Abergavenny Union.

SOMERVILLE, W., M.D., has been appointed Medical Officer for the Gosforth District of the Whitehaven Union, Cumberland, vice John Churchill, M.R.C.S.E., resigned.

SPAULL, B., F.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Fulham Union, vice C. Andrews, M.D., resigned.

STEEL, S. H., M.B., has been appointed Medical Officer and Public Vaccinator for the Llanarth District and the Workhouse on the Abergavenny Union, Monmouthshire.

STONE, G., L.R.C.Ed., has been appointed Assistant Resident House-Surgeon at the East Dispensary, Liverpool.

WILLIAMS, E., M.D., M.C., L.S.A.L., has been appointed Medical Officer to the Professional and Commercial Provident Association for St. Leonard's and Hastings.

WILTSHIRE, A., M.D., has been appointed Physician for Out-patients of the Samaritan Free Hospital for Women and Children, Lower Seymour-street, vice S. Hayward, M.D., resigned; and a Junior Physician to the West London Hospital, Hammersmith, vice T. T. Whipham, M.B., M.R.C.P.L., resigned.

WRIGHT, T. C., M.B., has been appointed House-Surgeon to the Dumfries and Galloway Royal Infirmary, vice A. D. Macdonald, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

HARTREE.—On the 8th inst., at Grosvenor-street, the wife of J. H. Hartree, M.B., of a son.

MORRIS.—On the 6th inst., at Somers-place, Hyde-park-square, the wife of James Morris, M.D., Fellow of University College, of a daughter.

RAWLINS.—On the 5th inst., at Francis-terrace, Highgate-road, the wife of H. A. Rawlins, M.R.C.S.E., of a daughter.

ROBINSON.—On the 11th inst., at New-square, Chesterfield, the wife of H. Robinson, L.R.C.P.Ed., of a daughter.

WYLIE.—On the 12th of Feb., at Batavia, Java, the wife of J. R. Wylie, M.D., English Medical Practitioner of that place, of a son.

MARRIAGES.

MACFARLANE—THOMSON.—On the 12th inst., at West Cumberland-street, Glasgow, Alexander W. Macfarlane, M.B., of Thornhall House, Polmont, to Jessie Boyd, second daughter of the late John Thomson, Esq., of Carronflat, Stirlingshire.—No Cards.

WHITE—PULLIN.—On the 6th inst., at St. Mary's Church, Atherstone, James Atkin White, M.R.C.S., of Pendleton, Manchester, to Sarah Anne, only surviving daughter of John Pullin, Esq., of Atherstone, Warwickshire.—No Cards.

DEATHS.

ARTHUR.—On the 31st ult., at Lambourne, Berks, Patrick Arthur, M.D. Deeply lamented.

FERGUSSON.—On the 8th inst., at Hamilton-park-terrace, Glasgow, Andrew Fergusson, M.D., Inspector-General of Hospitals (retired list), and Hon. Physician to the Queen, aged 83.

HARRIS.—On the 6th inst., at Elham, near Canterbury, John Pitt Harris, M.D., LL.D., aged 37.

JEAFFRESON.—On the 2nd inst., at Cannes, S. J. Jeaffreson, M.D., of Leamington, aged 59.

REID.—On the 5th inst., S. Reid, L.F.P. & S., Glas., of Saintfield, Co. Down aged 75.

VERRALL.—On the 29th ult., W. Verrall, M.R.C.S.E., of Brighton, aged 56.

Medical Diary of the Week.

Monday, April 18.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, April 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Kelly: Malformed Heart; Mitral Disease. Dr. Fagge: Abscess of Liver; Cancer of Kidney; Varix of Pulmonary Vein. Dr. Peacock: Aneurisms of Aorta; Perforation of Appendix Vermiformis. Mr. C. Heath: Aneurism for which the Carotid and Subclavian Arteries had been Ligatured. Mr. Maunder: Larynx after Croup; Myeloid Tumour of Jaw;—&c. &c.

Wednesday, April 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, April 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. W. H. Day: "Introductory Remarks on the Study of Children's Diseases."

Friday, April 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Ansiie: "Cases of Local Paralysis treated by Electricity." — Dr. Buzzard: Case of supposed Lepra Anæsthetica."—Dr. Hilton Fagge and Mr. Callender's Report upon Dr. Buzzard's Case. — Mr. T. Smith: "Idiopathic Necrosis of Skull." — Mr. Kesteven: "Case of Epileptiform Stupor treated by Bromide of Potassium."
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. N. E. Green, "On Ciliary Action in the Infusoria."

Saturday, April 23.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

DISEASED MEAT.

Two flagrant cases of intent to vend unwholesome meat came before London magistrates on Friday last. A sausage-maker at Kilburn was cast in £10 fine and £3 13s. costs for having on his premises a quantity of veal and pork in a putrid condition; the evidence going so far as to aver that among this disgusting stuff were portions of a calf which had been born dead. The other case was that of a Warwickshire butcher, who pleaded guilty, at Guildhall, of sending to London for sale parts of a cow that had died of lung disease. This man had bought the carcase for 20s. of the farmer to whom the cow belonged, under a caution not to sell it for anything but dog's meat; and as it turned out that he had been convicted before of a like offence, he was sentenced to three months' imprisonment with hard labour. Fines are inadequate punishments for such malpractices, and we should have been better pleased had the Kilburn sausage-maker been relegated for a season to the turning of a mill less likely to be productive of harmful results to the public than his sausage-machine. The most unpleasant part of disclosures like these is the suspicion which they create, that for one culprit detected and punished, probably many escape altogether. But in this as in many other respects there is nothing for it but to trust to Providence and to the vigilance of our metropolitan sanitary staff.

Deltius.—The extract from Lady Mary Wortley's Diary is well known.

NE CREDE COLORI.

From a copy of a memorial of the National Medical Society of the District of Columbia, forwarded to us by Dr. Southworth, the corresponding Secretary, we learn that the Society in question is petitioning the Senate and House of Representatives of the United States with regard to the invidious position forced upon certain coloured practitioners of medicine in Columbia by the conduct of the Medical Society of that District. It appears that this Medical Society is the only one in the District where licences to practise can be obtained, and that it has on two occasions refused to elect certain coloured physicians who, having held positions in the Union army during the rebellion, had settled in those parts, and had secured to themselves considerable professional practice. In January of the present year the Society, by a vote of 26 to 10, refused to consider a resolution brought forward by Dr. Bayburn to the following effect:—"That no physician (who is otherwise eligible) shall be excluded from membership in this Society on account of his race or colour." It is alleged also that some of the officers of the Society have not merely refused to consult with the coloured physicians, but have unceremoniously appropriated their patients without notice. Nothing appears to be alleged against the conduct or capabilities of the coloured gentlemen, for the Society's own Board of Examiners reported most favourably of them; but the Society refuses to consort with them, and threatens to ostracise those who do. Under these circumstances, Congress is now asked to grant a charter to a new Society, which will give all rights, privileges, and immunities to all physicians, making only the presentation of a diploma from some College recognised by the American Medical Association, and good standing in the profession, the qualifications necessary for membership. We regret to find such an illiberal spirit as is here manifested prevailing in any professional circle. Undoubtedly there are prejudices in a recent slave-holding country, and more especially one only lately torn by a civil war due to this cause, which we in Europe cannot fully appreciate; but the case of India is somewhat parallel, and there the public medical service, as well as private practice, is freely open to the coloured no less than to the white inhabitant, provided he shows a sufficient knowledge of his profession. We trust that the medical men of Columbia may be induced to see the mistake they are committing without the necessity for invoking the aid of Congress.

Mr. James Winterbottom, (Oldham.)—Yes, both are used in hot climates.

ARMY MEDICAL PROMOTION.

To the Editor of THE LANCET.

SIR,—Permit me to direct attention, through your influential columns, to a recent promotion—viz., that of Surgeon-Major Crawford to the rank of Deputy Inspector-General, in attaining which he passes over the heads of some seventy seniors, many, at least, among whom have served long and well, at home and abroad, in peace and in war, and not a few been recommended for promotion for eminent services. It is not, however, so much my wish to criticise this individual case as to point out the injustice—I might say cruelty—of the system. Undoubtedly her Majesty's Royal Warrant gives power to make such special promotions, and the present recipient is a very able and accomplished medical officer. It would, indeed, be difficult to select one more deserving such an exceptional piece of good fortune; yet it is no less true that he is rewarded at the expense of seventy other officers, out of which number there must be several equally able and deserving had only fortune allowed them to bud and blossom under the genial influences of Whitehall-yard. Now, as only one promotion to the rank of Deputy Inspector-General has occurred for the last twelve months, seventy medical officers are in respect of their prospects for promotion thrust backward one year of service; and, again, as at the age of fifty-five years compulsory retirement (on a shabby pension) is inevitable, many will see their chances are entirely cut away—in fact, the longer they have travelled patiently on the weary road, the farther they are from the goal. Look at two recent Abyssinian promotions. Two surgeons were promoted to surgeons-major. To one the benefit was *nil*; he would naturally have attained the rank in a very few weeks. To the other it was immense, passing him from nearly the tail of the list of surgeons over every one of them, some hundreds in number. And the professional services rendered in this campaign (with only two wounded men) surely cannot be compared with those of many *unrewarded* officers who served in the Crimea and the Indian mutiny.

From these instances I hope you will agree with me that some method should be found for rewarding—as in the instance under notice—meritorious officers, *without* inflicting injustice upon others. Some scheme of brevet promotion, with some increase of pay, as exists in the combatant branches of the army, might be arranged, and deserving officers be rewarded, without sacrificing the prospects of their professional brethren.

I am, Sir, your obedient servant,
April, 1870. MACHAON.

Inquirer.—It is not for THE LANCET to pronounce in the matter. Apply directly to the Poor-law Board, which is the best authority as to its own preferences.

H. D. (Camden-town) should not give way to panic. Let him consult a respectable practitioner, and avoid the "literature of the subject."

THE NEW TELEGRAPH SYSTEM.

To the Editor of THE LANCET.

SIR,—A notice on a lamp-post opposite the shop of Petit and Co., Oxford-street, indicates, presumably for the information of the ignorant, that there is a telegraph office at No. 474; but No. 474 disowns the soft impeachment. Hitherto we have been accustomed to expect light from a lamp-post, knowledge from a notice, and it would be well for the public to get timely warning if this order of things is to be reversed. Yours, &c.,
April, 1870. MEDICUS.

DR. BEAUPERTHUY'S METHOD OF CURING LEPROSY.

SOME months since it was announced that a method of curing leprosy had been discovered by Dr. Beauperthuy, of Cumana, Venezuela, and a statement to this effect was made in our columns. Dr. Bakewell, of Trinidad, subsequently sent us an account of a visit he had made to Cumana, by direction of the Governor of Trinidad, for the purpose of personally examining the method of treatment practised by Dr. Beauperthuy; but we were obliged to decline the publication of the particulars, inasmuch as the remedy used in the cure was kept secret. We received, however, by the last mail from Dr. Bakewell the whole account of Dr. Beauperthuy's mode of procedure. Dr. Bakewell assures us that it is an undoubted fact that leprosy can be alleviated, though this is only temporary in most cases. All traces of the disease may be removed for a period varying from a few months to between two and three years. Whether any cure has been effected seems doubtful. The treatment lauded consists in the administration of the liqueur mercurielle de Van Swieten—a preparation that corresponds to our liquor hydrargyri perchloridi,—one dose containing one-tenth of a grain of the mercurial salt. But the chief means consist in the external application of the oil of the cashew-nut, which possesses very powerfully irritant and almost epispastic qualities. The action of the oil is slow. The effect of a limited application once, twice, or thrice is to restore sensibility to parts previously insensible, to promote absorption of the tubercles, and to bring back the skin to its normal aspect. Dr. Beauperthuy also used in bad cases a strong solution of caustic and copper, made by dissolving ordinary copper wire in strong nitric acid, and adding an equal volume of distilled water; or a liniment made by saturating an ounce of alcohol with iodine, and adding sixteen ounces of caustic soda of eight and ten degrees; or, thirdly, balsam of copaiba, with yelk of egg and rum. In all cases frictions with cocoa-nut oil are made all over the body night and morning. The diet is to be nutritious, and wine is allowed; but pork and salt fish are interdicted. Dr. Bakewell says that all his cases in which this treatment has been pursued have shown unmistakable signs of improvement. We shall await with interest the testing of Dr. Beauperthuy's plan of treatment by other observers. At present it can only lay claim to the appellation of palliative, and not that of curative.

C. H., (University College.)—Undoubtedly they can do so.

"BROKEN RIBS."

To the Editor of THE LANCET.

SIR,—The popular impression which so widely prevails that injuries of this character frequently occurring to the insane in public asylums can only be attributed to violence on the part of the attendants, induces me to forward you the following particulars of a case where several ribs were broken without personal violence in a healthy individual.

A gentleman, aged forty-nine, height 5 ft. 9 in., slight, of active habits, and who had always enjoyed good health, left his home at 10 A.M. on Feb. 25th. He was occupied in the City during the day, and took a Hansom cab in the neighbourhood of the Elephant and Castle at 7.30 P.M., being at the time slightly under the influence of drink. His directions were to be driven to his home, a distance of six miles; but after proceeding a short way, he became very angry with the cabman for not taking, as he asserted, the most direct road, twice standing up and abusing him over the top of the Hansom. The man not altering the route, he made him stop, and got out of the cab about three yards from the pavement, when, his footing being insecure, he fell backwards upon the kerb. After a few minutes he raised himself in a sitting position, and complained of great pain, expressing a desire to be taken to a medical man, and he re-entered the cab for that purpose.

Upon examination, which was of a cursory nature, he was assured that there was no injury beyond the shock which would be caused by an ordinary fall; and after taking a small quantity of stimulant, he was advised to proceed to his residence, where he arrived at about 10 o'clock. He was then seen by a neighbouring practitioner, who found him in a very excited state, and objecting to submit to any examination. After some persuasion he was induced to retire to rest, which he did without any assistance. He passed a very disturbed night, muttering incessantly, and died at about 9 o'clock the next morning.

A post-mortem examination was made eighty hours after death, with the following result:—There was no ecchymosis on any part of the body. But upon opening the chest, the right pleura was found to be full of blood; the sixth, seventh, eighth, and ninth ribs on this side were broken, the seventh having ruptured the pleura and intercostal artery and vein. On examining the left side, the three following ribs were found to be broken: the sixth, seventh, and eighth; but no rupture of the pleura had taken place.

The conclusion to be arrived at from this case may be stated as follows:

1st. That the ribs of a healthy individual may be broken without personal violence, and simply by a fall from a false step.

2ndly. That such being the case in a healthy subject, how much more liable are the ribs of the insane, where the bone-structure is altered, to be broken by similar accidents.

Yours truly,
April, 1870. J. T. SABBEN, M.D.

SUSSEX LUNATIC ASYLUM.

To the Editor of THE LANCET.

SIR,—Kindly allow me to correct an error in your journal of last week. I am stated to have been appointed Honorary Consulting Physician to the Sussex Lunatic Asylum, Hayward's Heath. The Visitors did me the great honour of nominating me to that office on my recent resignation of the medical superintendence of the asylum, *subject to the Lord Chancellor's approval*. His Lordship, on this resolution being submitted to him, intimated to me "that he thought it unadvisable for me to accept this honorary office." The appointment has consequently been most gratefully declined by me.

I am, Sir, your obedient servant,
C. LOCKHART ROBERTSON,
Lincoln's-inn-fields, April 11th, 1870. Lord Chancellor's Visitor.

SUFFOLK NURSING ASSOCIATION.

THE Annual Report of this Association shows that the necessity for good nursing in cases of serious illness is being felt throughout the country, and the prosperity of the Suffolk Association should encourage other counties to provide themselves with efficient assistance in cases of illness, instead of depending altogether upon metropolitan Societies. The headquarters of the Suffolk Association are at Bury, and the staff of nurses is now increased to four; the return of their work amongst the poor in that town giving a total of 135 cases undertaken and 2730 visits paid during the past year. A novel feature in the work of the Association is the practice of localising a nurse for a group of parishes, now being tried at Livermere. A nurse was engaged in August, to be paid partly by the Association, partly by subscriptions raised in the district, and put down in the centre of six parishes with a population of 1300. To each of these parishes she gives one day in the week, unless her time is taken up by attendance on any special case. She is expected not only to see to the bodily needs of her patients, but to do what she can in the way of house-help, where there are no relatives or neighbours to do it. Her services are entirely free of charge. Hitherto the number of cases requiring her assistance has been very small, and it is probable that the area over which she works will have to be enlarged. Another of the nurses was told off to attend upon some fever cases in a country village, and remained there five weeks, conducting herself to the satisfaction of all concerned. Nursing in private families has been commenced on a small scale.

Nemo (who has forgotten to enclose his card) need be under no apprehensions in regard to the office in question.

Medicus is referred to our last number for the address of Messrs. Chapman.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—"Gratitude has been defined as a lively anticipation of favours to come." Such must have been the conception of its nature, coupled with a forgetfulness of the past, which induced Mr. Lupton to depart from the plain line of his official duty, as Registrar of the College, to become a partisan in the matter which so lately came under the consideration of the Visitors of the Queen's Colleges at their late meeting in Dublin.

Now, Sir, please to hear my statement. I have always been a supporter of the Queen's Colleges, and feel a lively interest in their prosperity. All my feelings run in favour of those institutions, and I would not willingly speak injuriously of them. I sent three of my sons as students to the Galway College. Two were students in Medicine. The eldest was not an undistinguished one while there, and on leaving took a University Gold Medal. As a medical student in Dublin, he was considered intelligent and zealous, and his professional course has not since been unworthy of his promise as a student. He writes to me from India, that during his time in Galway clinical teaching was a farce, save in the exertions made by the late Professor of Anatomy, Dr. Charles Croker King, who endeavoured to do his duty in that branch of instruction. My second son is now a M.D. of the Queen's University. He spent a season in Galway, two in Edinburgh, and two in Dublin. He has put on record, in an attested affirmation, intended to have been produced, if such evidence was available before the late visitation, that the imperfect and uncertain attendance of some of the Clinical Professors was so disheartening that he and others soon determined that time could be better spent than waiting for what so seldom came. If enthusiastic students learned this lesson, how fared it with the careless? The consequence was that I sent my fourth son to Trinity College, Dublin, for an education which it would have suited me better to give him in Galway.

The high position of the Visitors in no way qualifies them to pronounce an opinion on the amount and quality of clinical teaching in Galway; but their decision clearly intimates to the public that the conduct of the Council towards a refractory young student was tyrannical and unjust, and, notwithstanding Mr. Lupton's arguments, I look on it that the result of the visitation was a triumph to the offender.

I remain, Sir, yours very truly,
Woodview, Portlaw, April, 1870. J. MARTIN.

To the Editor of THE LANCET.

SIR,—The Registrar of Queen's College, Galway, has written you a letter, announcing the result of the recent "extraordinary visitation" of Galway College. I shall have a letter ready for your issue of Saturday week, explaining the true value of that tribunal.

Meantime, I would observe upon one statement in Mr. Lupton's letter. "I may mention," he writes, "that Mr. Melville did not produce a single witness in substantiation of his statements, though he had repeatedly said he would be able to establish their truth by 'numerous witnesses.'"

The visitation, truly called "extraordinary," was held, not at Galway, where it ought to have been held, but at Dublin, *one hundred and twenty-six miles from Galway*. How could a young student bring his witnesses from Galway to Dublin at his own expense? But surely the expenses of Mr. Melville's witnesses were offered to be paid. On the contrary, they were refused. The visitation had not been held in Dublin for nothing. When Mr. Melville attempted to supply the absence of the *oral* testimony, of which he had been thus deprived, by *written* testimony, the written testimony, *on the request of President Berwick*, was refused likewise. Having thus got rid of *all* testimony, written as well as oral, the visitors proceeded to pronounce in favour of the College authorities.

With regard to the report on the state of the Galway hospitals presented by Drs. Banks and Macnamara, I forward you a local paper, by which you will see what was the *unanimous* vote of the Galway Board of Poor-law Guardians.

I repeat, Sir, my demand for a public and *sworn* investigation. The licensing bodies ought to join with me in the demand.

I have the honour to remain, &c.,
Galway, April 11th, 1870. F. H. O'DONNELL, M.A.

*** Mr. Melville's long communication arrived too late for insertion.

INOCULATION OF COWS.

Mr. John Jeremiah, (Red Lion-street, E.C.) informs us that when the so-called "lung complaint" prevailed among cows, he had his entire stock inoculated with the virus from the lungs of a cow that had died of the disease. The matter was introduced into the tail, between the second and third vertebræ from the extremity, with the result that none of the stock contracted the disease. The part beyond the incision (adds our correspondent) "eventually dropped off," the tail appearing as if its tip had been docked, while the general health of the animals remained good. Our correspondent knows a cowkeeper who had adopted the same practice with great success for at least ten years, and has never had a case of lung disease. Mr. J. Jeremiah is not a little exercised in mind as to the *ultima ratio* of his therapy. Can any of our readers enlighten him?

L.—We are aware of no such case; but our correspondent will earn the thanks of the profession by prosecuting the offender to conviction.

A CASE OF POISONING BY THE BERRIES OF ILEX AQUIFOLIUM.

To the Editor of THE LANCET.

SIR,—I received an urgent message on the evening of Sunday last to go and see a child, said to be dying from brain affection. On arriving at the house, I found the child lying in its mother's lap, quite unconscious. The mother informed me that the child, who was three years old, was quite well till the previous evening, when he became sick, vomiting first his food, then bile; complained of great pain in his belly and head, was much purged, and with his stools came a number of the berries of the common holly. Being no better this morning, some castor oil and brandy was given him; drowsiness gradually supervened, then loss of consciousness. While in this stage I saw him. His face was pale; skin pale and cool; breathing natural; pulse weak and small, 80; sordes were beginning to collect on the lips; the pupils of the eyes were contracted to the size of a pin's head, but on the application of a light they dilated, and then contracted again; vomiting had ceased; purging was still present. As castor oil had been given, I ordered milk and diffusible stimulants, giving instructions to rouse the child occasionally.

Next morning the child was lively and well, with the exception of slight purging. This was stopped by chalk and opium.

There could be no doubt as to the nature of this child's sudden illness, as the berries were passed in the stools. These berries caused all the signs of irritant poisoning, with symptoms superadded that showed that they had a specific action of their own, somewhat similar to opium; for the pupils were contracted, not dilated, as would have been the case if the collapse had been due to the irritant alone. On referring to books for the therapeutics of these berries, I find that they are only stated to act as emetics and purgatives.

I have forwarded this case because there seems to be a notion among the lower classes that these berries are not so poisonous as to be dangerous to life; indeed two or three people told me that they were not poisonous at all.

Yours, &c.,
Bow-bridge, April 5th, 1870. W. J. BARKAS, M.R.C.S. Eng., &c.

Mr. E. Walsh, (Wexford.)—The advertisement betrays the cloven hoof of the quack. *Hic niger est, hunc tu, Romane, caveto!*

Query.—A quack.

Mr. Metcalfe Johnson.—Thanks. It shall be attended to.

CHEAP DOCTORING.

To the Editor of THE LANCET.

SIR,—As physician for seventeen years to three large London dispensaries, I have met with very few patients who could afford to pay a first-rate practitioner. A dispensary, such as the Surrey, with good funds and a large and efficient staff, unrestricted as to prescribing, is very justly regarded by the working classes and members of clubs as preferable to second and third rate practitioners, or club and parish doctors, whose charges will not allow them to do their cases justice. These men are shrewd enough to know that a doctor *cannot*, for 6d., supply quinine, morphia, and expensive drugs; and that, for nothing, a dispensary or hospital *can* supply them. "Cheap" things are said to be "nasty," as a rule, and this is especially true of cheap doctoring! It is absolutely impossible to supply decently good advice and medicines on the absurdly low terms advertised in surgeries and placarded on walls! Thirty years ago a medical man's advice and medicines cost from 2*s.* 6*d.* to 5*s.*, and could not be had for less; and my opinion is, that the working man should either pay that sum to a first-rate practitioner, or go to the hospital or dispensary, all the cheap doctoring *between* these two extremes being "a delusion and a snare"! He can get better doctoring for *nil* than for a few pence, and he knows or ought to know it, so as not to be deceived by the wretched placards of medical practitioners of a certain stamp! Alas, that in thirty years the medical profession should have sunk in some instances to the level of the most petty and paltry trade in existence!

Yours truly,
D. HOOPER, B.A. & M.B. Lond.,
Physician to the Surrey Dispensary, &c.
Trinity-square, S.E., April 5th, 1870.

HAY-ASTHMA.

To the Editor of THE LANCET.

SIR,—As I believe hay-asthma has been found to depend upon the presence of a very low form of fungus in the nasal mucus, which is incapable of living in any bitter solution, I have on three occasions recently treated patients by mild injections of quinine, and with complete success. If Mr. Gross, R.M.A., will be good enough to try an injection of quinine in his case, and record the result in the ensuing number of THE LANCET, I shall feel indebted to him.—Yours faithfully,

J. CARTER MURPHY, L.R.C.P. Lond.,
Assistant-Surgeon, Royal Engineers.
Brompton Barracks, Kent, April 11th, 1870.

LIFE-BOAT SERVICE.

MR. E. CROWTHER'S movement for providing the Lincolnshire sea-board town of Chapel with a life-boat has received the encouragement of the Royal National Life-Boat Institution, which has promised £300 towards the project; while the county district had volunteered the annual working expenses and a portion of the cost of building the boat-house.

A. B.—Not worth notice.

THE Report of our Sanitary Commissioner on the State of the Marland Workhouse is in type, and will appear probably next week.

EXCESS OF MEDICAL ZEAL.

To the Editor of THE LANCET.

SIR,—I have, I think, what you will call a most legitimate cause of complaint against one of the medical profession for excess of zeal and undue interference with the liberty of the subject.

I reside in the suburbs of a large town, in a semi-detached house, containing nine rooms, with open country back and front. Eleven weeks since my wife had an attack of small-pox, and subsequently my youngest child aged three years, who had been vaccinated without its having taken effect. Last week, in consequence of the death of a very dear friend, one of whose executors I am, my duty called me into the country to be present at his funeral, a distance of upwards of 100 miles from home; and as I had taken every precaution against infection, by isolation and the use of the best disinfectants, including heat at a very high temperature, it occurred to me there could be no risk of my carrying infection. Such also was the opinion of more than one medical man here. Judge, then, of my astonishment on my arrival to find, through the influence of the family doctor, my friends in a high state of nervous excitement and alarm lest they should fall victims to the disease. But this is not the worst of the matter. What I have to protest most strongly against is, that this gentleman, who has been the family doctor, with his father before him, to three generations of my relatives, had not the manliness to call upon me, but passed the house in which I was staying to call upon the agent of the nobleman on whose estate I was, to incite him to use his position to have me sent away at once; indeed I might say I was through his action literally driven away as though I had the plague.

Such ungentlemanly, unprofessional, and discourteous conduct has, I hope, been hitherto unknown in the annals of the profession.

I am, Sir, your obedient servant,
March 31st, 1870. W. P.

THE CONTAGIOUS DISEASES ACTS.

To the Editor of THE LANCET.

SIR,—It is not unlikely that an attempt may be made in the House of Commons to get the above Acts repealed, on account of the opposition they have met with in high quarters, including, I am sorry to see, several members of the medical profession, numerous worthy and excellent clergymen, and last, not least, the name of Florence Nightingale and a whole army of ladies, the purity of whose motives is undoubted, and entitled to the highest consideration and respect, but whose zeal is not according to knowledge. "They are wrong in their premises, and therefore in their conclusions." I deny that the continental system has been introduced into this country, as Dr. Guthrie, of Edinburgh, has lately declared. At Portsmouth and Plymouth much good has already been effected, and the reclamation of the unfortunate women has been most successfully carried on, while the medical returns of the army and navy show a satisfactory diminution in the number of cases of syphilis.

When the Lock Hospital scheme was proposed in 1852, much opposition was encountered, and no little obloquy and even ridicule heaped on its promoters; but it has, nevertheless, triumphed and been supported by the Government, as well as private beneficence, with unexpected liberality. The Contagious Diseases Act is now passing through a somewhat similar ordeal; and I trust that not only will the existing Acts not be repealed, but that they may gradually be extended so as to protect the mercantile marine and the civil population of the country.

The whole subject is a very difficult and delicate one; but I venture to affirm that this extension is desirable on social and sanitary, as well as on moral and religious grounds. Your obedient servant,
Chesterfield, April 5th, 1870. JOHN ROSE, M.D.

INSTITUTIONS FOR THE DEAF AND DUMB.

To the Editor of THE LANCET.

SIR,—Let me refer your correspondent or any of your readers interested in this question, to a Private Institution for the Deaf and Dumb conducted by the daughters of a much respected member of our own profession, Dr. Hull, of 102, Warwick-gardens, Kensington. The system of teaching adopted at this establishment combines all the advantages of the various plans—the finger alphabet, the system of signs, lip reading, as well as the "visible speech" characters of Mr. Melville Bell. Miss Hull's pupils appear wonderfully clever; they understand what is said to them by watching the movements of the mouth. Some of them speak and read aloud plainly and clearly, though certainly not euphoniously. Indeed it may well be doubted whether it is possible, under any system, to enable those who have never heard the human voice to speak with an easy, natural intonation. These little deaf and dumb—or one should rather say deaf but not dumb—children seem very bright and happy, and their answers to questions in history, grammar, arithmetic, &c., would put to the blush many of their more favoured sisters.

I am, Sir, yours truly,
Upper George-street, W., April 12th, 1870. E. SYMES THOMPSON.

To the Editor of THE LANCET.

SIR,—In reply to the inquiries of your correspondent, Dr. Julius Pollock, I beg to say that I shall at any time be most happy to give information on the subject of deaf-mutism, &c., to any medical gentleman who may favour me with a visit. Your obedient servant,
44, Burton-crescent, and 26, Hunter-street, J. V. VAN PRAAGH.
Brunswick-square, W.C., April, 1870.

LUNACY AT ST. PETERSBURG.

ST. PETERSBURG has fewer insane inhabitants in proportion to its population than any other European capital. One to every 1043 is the ratio; while in London it is 1 in every 200; in Paris, 1 in every 222; and in Milan, 1 in every 244. The absence of mental excitement from the high-pressure competition of Western Europe is ascribed by Russian physicians as the cause of this low lunacy-rate.

THE TREATMENT OF SCALP WOUNDS.

To the Editor of THE LANCET.

SIR,—Allow me to lay before your readers a simple and, I believe, a new method of treating wounds of the scalp.

During the past twelve years I have been in the habit of using wire sutures in scalp wounds, and have had every reason to be satisfied with their success, union by first intention almost invariably taking place; but latterly, being desirous of avoiding the pain caused by inserting the sutures, I tried various kinds of collodion, which, however, generally caused irritation and suppuration.

The plan I now use is to dry the lips of the wound, and bring them together by the pressure of the fingers on either side. A layer of amide of zinc, about a quarter of an inch broad and one-eighth thick, is then applied over the wound, and strong negative or elastic collodion is freely painted over and around the zinc. After two or three coats have been applied and have set, the fingers are removed, and nothing more need be done. After the lapse of from five to ten days, the crust falls off, leaving only a trifling scar beneath. The first case in which I used it was that of a young seaman, who, by a fall on the dock whilst wrestling, had received a T-shaped scalp wound, about an inch and a half in length by half an inch in breadth at the centre. The zinc and collodion were applied. Next day a fresh coat of collodion was painted over, no sores tendency to cracking showed itself. He was kept under observation for two days more, and then, having had no pain in the wound since the zinc had been applied, he was sent to duty. Five days afterwards the crust had all dropped off, and left a cicatrix about a sixteenth of an inch broad.

I might give several other cases; but it is unnecessary to do so.

I remain, Sir, yours sincerely,

JOHN M. HUNTER, Assistant-Surgeon, R.N.

H.M.S. *Rattlesnake*, Sierra Leone, Feb. 13th, 1870.

Anxious should consult a legally qualified medical practitioner in his neighbourhood, and shun advertising quacks.

Mr. Robertson.—At Maidenhead.

Rusticus.—Druitt's Surgeon's Vade-Mecum.

M.D.—Mr. Wm. Hyslop's address is, Stretton House, Church Stretton, Shropshire.

ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—By General Orders issued on March 22nd, "medical officers no longer form part of the regimental establishment." This is a great hardship and injustice to medical officers, who, notwithstanding their regimental commissions, are thus to be turned out of their regiments, to be temporarily attached to their battalions, and mere honorary members of (what were) their own messes. Thus their interests, vested and otherwise, in their regiments and messes are suddenly and most unjustly to cease, and that neither by reduction of establishment nor misconduct on their part.—Yours, &c.,

April, 1870. Z.

SUDDEN DEATH AFTER CONFINEMENT.

To the Editor of THE LANCET.

SIR,—I beg to send a report of the following case, if you should think it of sufficient interest for insertion.

A lady, aged twenty-eight, whom I had attended in two previous confinements, which, although lingering, had terminated naturally, was taken on the 17th March last, at 4 A.M., in labour with her third child. After waiting till 4 P.M., up to within an hour of which time the labour was slowly progressing, I delivered by craniotomy. The discharge was not excessive, and the uterus contracted well with the administration of a dose of ergot and a bandage firmly applied. Everything went on well, and on the 23rd she was moved for a short time from the bed to a couch, also on the 24th and 25th. On the latter day she sat up in bed, at 7 P.M., to take her supper, which consisted of the wing of a chicken and half a glass of wine, laid down, and expressed herself as feeling comfortable. At 8 P.M. or a little after, she complained of feeling faint, and vomited, after which she felt better, and had her bowels relieved; but soon again turned faint, and vomited, and, complaining of pain about the chest, fell back and died before 9 P.M., about forty minutes from first feeling unwell. Death occurred before my arrival; but there were no symptoms of hæmorrhage (no blood being vomited, or passing from either rectum or vagina), in the absence of which I attributed the death to embolism.

The friends objected to a post-mortem.

Such a case, being, I should hope, comparatively rare, I thought might be worthy of record. Yours truly,

Kingston-on-Thames, April, 1870. G. M. SHUTTLEFF.

COMPETITION IN THE HASTINGS UNION.

To the Editor of THE LANCET.

SIR,—I have seen in your last impression a letter signed "A Lover of Justice." Your correspondent has, however, omitted to inform you, which he might have known if resident in Hastings, that I asked Mr. A. Ticehurst to become a candidate for the office on the guardians refusing to increase the salary (2½d. a visit), and, what he must have known, that there were two other candidates for the appointment; and I know of two others who were desirous of coming forward, but were deterred by my representing that Mr. A. Ticehurst was in the field. Mr. Ticehurst should not, therefore, in justice, be held up for the reprobation of the profession.

Your obedient servant,

J. CHARLES SAVERY,

Late Medical Officer of No. 2 District, Hastings Union.

Hastings, April 10th, 1870.

Inquirer.—We cannot find the name of Mr. John Williams, who was described the other day at the Thames Police Court as "a surgeon residing in the Cambridge-road, Mile-end Old Town," either in the Medical Directory or in the Medical Register. But then it is so much a fashion with gentlemen who get into trouble to adopt *pro tem.* the profession of medicine that we are not much surprised at being unable to identify Mr. Williams as "one of ourselves."

THE request of *C. H. R.* will be complied with.

THE COLLECTION OF VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—I beg, through the medium of your columns, to communicate to the profession a new method of collecting and preserving vaccine lymph.

I one day lately wished to take some lymph from a very fine pustule of a particularly healthy child, but found I had no glasses and no tubes. In this dilemma my eye rested on a newly-made quill-pen. Well, thought I, why not try it. No sooner thought of than done, and a large drop was obtained, and another, and another by other quills. It may be said, Why not use a few lancets? When a lancet is "charged," if not used within a short time—say twenty-four hours,—it is apt to become rusty and unsightly. Be that as it may, the quills were plentifully charged, and I thrust each of them into a wider quill for preservation, and for transmission to a distance if necessary. In fact, this accidental adaptation to a success, and has its advantages over glasses, because it is often a difficult matter to separate them if well charged; and over tubes, which are easily broken in transmission, whereas nothing will injure a quill, however knocked about. All that is requisite in using the quill is to make the usual slight puncture with a lancet, and then dip quickly the point of the quill into warm water, and apply the softened lymph. The point of the quill must be only slightly put into the water, and used instantly. Yours respectfully,

Aberdeen, March 24th, 1870. ROBERT SMITH, M.R.C.S. Eng.

ERRATUM.—In Dr. Tilbury Fox's third lecture, published last week, 2nd col., line 38, for "lead," read *zinc*.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Thompson; Mr. Coles; Mr. Macrae, Bangor; Mr. Brown, Mountain Ash; Mr. Lane; Dr. Morris; Mr. Thwaites, Ashford; Mr. Oddy; Mr. May; Mr. O'Donnell, Galway; Mr. Brown, Melksham; Mr. Dryerre; Mr. Rostock; Mr. Stables, Lambourne; Mr. Branneston, Manchester; Dr. Williams, St. Leonards; Mr. Fry; Mr. Louis, Amsterdam; Dr. Commins; Mr. Warton, Exmouth; Dr. Robertson; Mr. Hopkins; Mr. Walters; Dr. Pirrie; Mr. Richards; Mr. Flower, Guildford; Mr. Sabine, Brighton; Dr. Fleming, Glasgow; Dr. Murphy, Brompton Barracks; Mr. C. Hughes, Lincoln; Mr. Fowler; Mr. Davies; Mr. Roberts; Dr. Muter; Dr. Kempster, Battersea; Dr. Fox, Broughton; Mr. Gough; Mr. Roper; Dr. Savery, Hastings; Mr. E. Walsh, Wexford; Dr. Thursfield, Leamington; Dr. Speedy, Notley; Dr. St. Clair, Islay; Dr. Nankivell, Torquay; Dr. Rolleston, Alford; Mr. S. A. Smith; Mr. Hunsdon; Mr. Grant; Dr. Usher, Yeadon; Mr. Evans; Mr. Spark; Dr. Farquharson, Rugby; Mr. J. V. Van Praagh; Mr. Carter, Lanark; Mr. J. Baker; Mr. J. Winterbottom, Oldham; Dr. Plowman, Coventry; Mr. Beck; Mr. Edwards; Mr. Watkin; Mr. Robinson; Mr. Smith, Fallowfield; Mr. Axford, Oldham; Mr. B. Harrison; Mrs. Bessant, Brighton; Dr. Boggs, Paris; Mr. Campbell; Dr. Royds, Reading; Mr. Bloomfield; Mr. Deane; Mr. Walker, Newport; Mr. Roche, Calais; Dr. Macarthur; Mr. Bishop; Mr. Cox; A Looker-on; The Editor of the *Malvern News*; C. H.; Rusticus; Inquirer; Omega; Nemo; Kidney; M.D.; Deltius; Anthropological Society; Medicus; M. F. W.; The President of the Royal Microscopical Society; Doctor of Medicine of Edinburgh, Punjaub; P. L.; P. S.; Mater; J. B., jun.; A Graduate in Arts and Medicine; M.R.C.S.; A Constant Reader; W. H.; L.; &c. &c.

Redditch Indicator, Croydon Chronicle, South Bucks Free Press, York Star, Delhi Gazette, Lincoln Mercury, Galway Vindicator, New York Medical Journal, Eastbourne Gazette, Journal des Connaissances Medicales, Bury Post, Scarborough Gazette, and *Bristol Daily Post* have been received.

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